Midwifery Rulemaking Comments
March 29 through April 30, 2013

What parts of the draft rules do you believe are effective? Midwives providing pre-natal, postpartum, and the birth type of care to women in their homes, hospitals, or wherever they choose	March 29, 2013 4:54 PM
How can the draft rules be improved? Midwives cannot have a back up doctor nor is it necessary. Doctors will not/ cannot back up a midwife because of insurance premiums or not allowing the doctor to be covered if backing a midwife. In addition it is almost impossible to have one doctor back up one midwife since many clients live all over the state and may not be available. If in a rare occasion complications arise then the midwife knows who/ where to call given the location of the birth no risk here. Please allow us to be able to continue to have midwifes and home births in this wonderful state of Arizona.	March 29, 2013 4:54 PM
Has anything been left out that should be in the rules? Allowing Vback, breech and twin home births	March 29, 2013 4:54 PM

Has anything been left out that should be in the rules? The informed consent sheet should include a disclosure on the part of the midwife about whether or not she has professional insurance- and the consumer should attest that she understands that the midwife has no or limited insurance.	April 26, 2013 9:59 AM

What parts of the draft rules do you believe are effective? I think it's fine to leave in VBACs as long as the current exclusions are maintained, placentia previa and accretia are excluded and the Department includes a fidelity standard to determine when labor is progressing or not. Friedman's curve or other published standard would suffice for this.	April 26, 2013 8:56 AM
How can the draft rules be improved? I believe that the Department should consider removing twins from the scope of practice for Midwives. In my clinical experience twins often require substantial manipulation during the delivery process. I believe that there is no practicum regarding manipulation provided during the NARM certification process. Please look to the literature and I'm sure you will find that twins would be an unaccepable risk.	April 26, 2013 8:56 AM

What parts of the draft rules do you believe are effective? The inclusion of VBACs, Breeches and Twin births to be legally attended by a licensed midwife. Thank you	April 24, 2013 3:09 PM
How can the draft rules be improved? R9-16-101 Definitions "Consultation"- to include CNMs and other LMs 2. Move the age for an applicant to 18 years- there are many young women you know what they want to do with their life and should be allowed to begin their studies for their future career the same as any other. 3. R9-16-104 Administration B. 1. (a and b) Strike the things requiring a midwife to send more paperwork to the state (which we now	April 24, 2013 3:09 PM

know, did no good), and that involves having any 'established' set-up with a particular hospital and/or doctor. Make changes in wording so that a midwife has an emergency plan. 4. R9-16-108 Responsibilities of a Midwife L. 1. and 3. (d and e) (Calling OB nurse when client goes into labor and again when client births). Strike this- it is totally an unnecessary nuisance that is sure to burn rather than build bridges. (Freidman's Curve)- Strike this- not evidence based and totally outdated 5. R9-16-109 Prohibited Practice, Transfer of Care A. 15. and B. 5 (a and b) and C. 3. and D. 3. ("A gestation beyond 42 weeks") Move to consult ("Failure to dilate of CPD") This must be striken! This is the "diagnosis" for most unnecessary c-sec that were performed. Don't eliminate most VBAC candidates. ("Has either twin not presenting in a vertex position") This would eliminate many healthy twin births- almost half the time one twin (usually the 2nd one) is presenting breech. This must be striken! ("Has a fetus in a footling or incomplete breech position") This as well would eliminate way too many good candidates for home births. There are many footling breeches. Strike! 6. R9-16-110 Required Consultation A. B. and C. ("Shall obtain a consultation to receive a recommendation from a physician...") Other forms of communication should be allowed. There are many other 'little' things that I would like to see changed, however I believe these have been addressed by the midwives and by those on the committee and that you have the recommendations- please review them.	

Has anything been left out that should be in the rules?	
The legalization of appropriate drugs for use by midwives to practice safely needs to be addressed and included in the rules for their protection.	April 24, 2013 3:09 PM

How can the draft rules be improved?	
address concerns submitted by midwives in report. do not focus solely on expanding scope to breeches, multiples, and vbacs.	April 23, 2013 9:48 AM
Has anything been left out that should be in the rules?	
access to emergency medications!!!!!!!!! misoprostil is the #1 field drug of choice for out of hospital birth. pitocin IM is often not effective for PPH.	April 23, 2013 9:48 PM

What parts of the draft rules do you believe are effective?	
This is a comment on the U of A review. In looking at the 2 studies used to evaluate risk the Hutton article and the the Malloy articles. They both contain statistics that include higher risk groups- at the time that the Hutton article was written home vbacs were being done in Ontario, here is another article from the Canadian Journal of Midwifery that covers the same time period and shows aprox numbers. http://ojs.library.ubc.ca/index.php/cjmrp/article/view/184065/183892 The Malloy article covers info basically from the CDC- the term " other" midwife is the defining bit which includes husbands or "others" that catch babies at home and because it includes reports from every state that means breechs, vbacs and multipules are in those birth numbers- comparing singleton vertex outcomes of young mothers , to a variety of risk sets is not accurate or useful- including the fact that the majority or home birth mothers are " Older" which on its own is an increased risk category. Thank you for your time and consideration	April 15, 2013 6:38 PM

Midwifery Rulemaking Comments
March 29 through April 30, 2013

How can the draft rules be improved?	
R9-16-109 B.8 & 9, C 6 & 7, D 5 & 6 - Could this be revised to allow women who have proven their maternal pelvis adequate with a vaginal birth to deliver multiples or breech after a previous cesarean. C. 8 & D 7- nearly all multiples consist of one vertex and one breech. Generally the breech is baby B who will turn after baby A is born. However, if women carrying multiples are not allowed a TOL for a home birth due to one being breech we are pushing out nearly all women carrying multiples.	April 6, 2013 12:14 AM

What parts of the draft rules do you believe are effective?	
I find the revised rules that increase the scope of practice to include vbac, multiples and breech that are in line with NARM's certification effective. This allows for more options for Arizona families to choose from when they are seeking pregnancy-related care. I also find the documentation that is required by the state to be effective. It will allow for better tracking of vital statistics and more accurate maternal and neonatal health outcomes for out of hospital settings.	April 5, 2013 11:21 PM
How can the draft rules be improved?	
My first question is this: if a mother has had a successful vbac in a hospital setting and is seeking an out of hospital setting for her third baby; does she have that option under this revised scope? Will her options be negated if her c-section was for either 'failure to progress' or 'cpd' even if she has already proven with a successful vbac that it could have been a misdiagnosis? My second question: this scope simply states that documentation occurred for the use of medications used to control a post partum hemorrhage. Where would the consumer find the information as to which medications are allowed to be used?	April 5, 2013 11:21 PM
Has anything been left out that should be in the rules?	
Are midwives allowed to administer IV fluids for the purpose of hydration during labor? If midwives have received continuous education for it and requested permission from the state, are they allowed to provide that if a client requests that (either during labor or immediately post partum)	April 5, 2013 11:21 PM

How can the draft rules be improved?	
In reguards to filing a report for each client, if there is not an early ending of care , but an intrapartum transfer midwives provide continuing care and postpartum visits to check on mom and to help establish breastfeeding . Since most do a 6 week postpartum visit just like physicians but the 6 week visits is not usually something reported /recorded by physicians , gathering midwifery data past the neonatal time period of 28 days would not match up or compare with data gathered by other professionals - As for non-labor transfer of care that has to do with a complication, like detection of placenta previa- via ultrasound how will this data be captured? As an intended homebirth transfer or as a hospital birth?	April 5, 2013 10:59 PM
Has anything been left out that should be in the rules?	
Midwives may administer medications and vitamins to mother or infant ,in addition to the ones stated for emergencies ,such as Rh immune gloublin in pregnancy and postpartum and vitamin K to the newborn, and intrapartum group b strep propylaxis as recommended per CDC guidelines.	April 5, 2013 10:59 PM

Midwifery Rulemaking Comments
March 29 through April 30, 2013

How can the draft rules be improved?	
The entire section B under 'Administration' needs to be removed. The section that was removed from initial licensure was similar and was removed due to an inability to meet the requirement of a physician providing official backup, this section is the same requirement.	April 1, 2013 1:22 PM

TITLE 9. HEALTH SERVICES

CHAPTER 16. DEPARTMENT OF HEALTH SERVICES – OCCUPATIONAL LICENSING

ARTICLE 1. LICENSING OF MIDWIFERY

Section

R9-16-101	Definitions
R9-16-102.	Application for Initial Licensure
R9-16-103.	Renewal
R9-16-104.	Administration
R9-16-105	Continuing Education
R9-16-106	Name Change; Duplicate License
R9-16-107	Time-frames
Table 1.1.	Time-frames (in calendar days)
R9-16-108.	Responsibilities of a Midwife; Scope of Practice
R9-16-109.	Prohibited Practice; Transfer of Care
R9-16-110.	Required Consultation
R9-16-111.	Emergency Measures
R9-16-112	Midwife Report
R9-16-113	Client and Newborn Records
R9-16-114	Denial, Suspension, or Revocation of License; Civil Penalties; Procedures
R9-16-115.	Midwifery Advisory Committee

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ARTICLE 1. LICENSING OF MIDWIFERY

R9-16-101. Definitions

The following definitions apply in this Article unless otherwise specified:

1. "Abnormal presentation" means that at the time of birth a fetus is not in a head-down position with the crown of the head the leading body part.
2. "Amniotic" means the fluid surrounding the fetus while in the mother's uterus
3. "Apgar score" means the numerical score assigned to a newborn's physical condition at birth based on a rating of zero to 2 given to selected body functions
4. "Aseptic" means free of germs.
5. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday
6. "Cervix" means the narrow lower end of the uterus which protrudes into the cavity of the vagina.
7. "Consultation" means communication between a licensed midwife and physician for the purpose of receiving and implementing prospective advice regarding the care of a pregnant woman or infant
8. "Current photograph" means an image of an individual, taken no more than 60 calendar days before the submission of the individual's application, in a Department-approved electronic format capable of producing an image that:
   a. Has a resolution of at least 600 x 600 pixels but not more than 1200 x 1200 pixels;
   b. Is 2 inches by 2 inches in size;
   c. Is in natural color;
   d. Is a front view of the individual's full face, without a hat or headgear that obscures the hair or hairline;
   e. Has a plain white or off-white background; and
   f. Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head.
9. "Department" means the Arizona Department of Health Services.
10. "Dilation" means opening of the cervix during the mechanism of labor to allow for passage of the fetus.

11 "Effacement" means the gradual thinning of the cervix during the mechanism of labor and indicates progress in labor.

12. "Emergency care plan" means the arrangements established by a midwife for a client's transfer of care

13. "Episiotomy" means the cutting of the perineum, center, middle, or midline, in order to enlarge the vaginal opening for delivery

14. "Fetus" a child in utero from conception to birth.

15. "Gestation" means the length of time from conception to birth, as calculated from the first day of the last normal menstrual period.

16. "Gravida" means the number of times the mother has been pregnant, including a current pregnancy, regardless of whether these pregnancies were carried to term.

17. "High-risk" mean a pregnancy in which some condition puts the mother, the developing fetus, or both at higher-than-normal risk for complications during or after the pregnancy and birth.

18 "Infant" has the same meaning as in A.R.S. § 36-694.

19 "Informed consent" means a document signed by a client consenting to the provision of midwifery services, following receipt of information and education from a licensed midwife according to with R9-16-108(C)(2).

20. "Intrapartum" means occurring from the onset of labor until after the delivery of the placenta.

21. "Ketones" means certain harmful chemical elements which are present in the body in excessive amounts when there is a compromised bodily function.

22. "Jurisprudence test" means an assessment of an individual's knowledge of the:

a. Laws of this state concerning the reporting of births, prenatal blood tests, and newborn screening; and

b Rules pertaining to the practice of midwifery.

23. "Local registrar" means a person appointed by the state's registrar of vital statistics for a registration district whose duty includes receipt of birth and death certificates for births and deaths occurring within that district for review, registration, and transmittal to the state office of vital records according to with A.R.S. Title 36, Chapter 3.

24 "Low risk" means that the expected outcome of pregnancy, determined through physical assessment and review of the obstetrical history, shall most likely be that of a healthy woman giving birth to a healthy infant and expelling an intact placenta.

25 "Meconium" means the first bowel movement of the newborn, which is greenish black in color and tarry in consistency.

26. "Newborn" has the same meaning as in A.R.S. § 36-694

27. "Para" means the number of less-than-20-weeks births, including viable and non-viable births, where multiples are counted as one birth.

28 "Parity" means the number of infants a woman has delivered.

29 "Perineum" means the muscular region in the female between the vaginal opening and the anus.

30 "Physician" means a allopathic, osteopathic, or naturopathic practitioner licensed pursuant to A.R.S. Title 32, Chapters 13, 14, and 17, who has an obstetric practice.

31. "Postpartum" means the six-week period following delivery of an infant and placenta.

32. "Prenatal" means the period from conception to the onset of labor and birth.

33. "Prenatal care" means the on-going risk assessments, clinical examinations, and prenatal, nutritional, and anticipatory guidance offered to a pregnant woman.

34 "Prenatal visit" means each clinical examination of a pregnant woman for the purpose of monitoring the course of gestation and the overall health of the woman.

35. "Primigravida" means a woman who is pregnant for the first time

36. "Primipara" means a woman who has given birth to her first infant.

37. "Quickening" means the first perceptible movement of the fetus in the uterus, occurring usually in the 16th to the 20th week of gestation

38. "Rh" means a blood antigen.

39. "Shoulder dystocia" means the shoulders of the fetus are wedged in the mother's pelvis in such a way that the fetus is unable to be born without emergency action by the midwife.

40 "Transfer of care" means that a midwife refers the care of a client to an emergency transport service, hospital, or physician who then assumes responsibility for the direct care of the client.

41 "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday or a statewide furlough day.

R9-16-102. Application for Initial Licensure

A An applicant for an initial license to practice midwifery shall submit:

1 An application form provided by the Department with the following information:

a. The applicant's name, address, telephone number, and e-mail address;

b The applicant's Social Security number, as required under A R S §§ 25-320 and 25-502;

c Whether the applicant has ever been convicted of a felony or a misdemeanor in this or another state or jurisdiction;

d. If the applicant was convicted of a felony or misdemeanor:

i. The date of the conviction;

ii The state or jurisdiction of the conviction; and

iii. An explanation of the crime of which the applicant was convicted;

e. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);

f An attestation that information required as part of the application has been submitted and is true and accurate; and

g. The applicant's signature and date of signature;

2. A copy of the applicant's:

a U S. passport, current or expired;

b. Birth certificate;

c Naturalization documents; or

d. Documentation of legal resident alien status;

3 Documentation that demonstrates the applicant is 21 years of age or older if the documentation submitted in subsection (A)(2) does not demonstrate that the applicant is 21 years of age or older;

4. A copy of both sides of the applicant's current certification in:

a. Adult basic cardiopulmonary resuscitation through a course recognized by the American Heart Association; and

b. Neonatal resuscitation through a course recognized by the American Academy of Pediatrics or American Heart Association;

5 Documentation of a high school diploma, a high school equivalency diploma, an associate's degree, or a higher degree;

6 Documentation that the applicant is certified by the North American Registry of Midwives as a Certified Professional Midwife;

7 A current photograph of the applicant;

8 A non-refundable application fee of $25; and

9 A non-refundable testing fee of $100 for a jurisprudence test administered by the Department.

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B The Department shall review an application according to R9-16-107 and Table 1.1.

C If an applicant receives notification of eligibility to take the jurisprudence test, the applicant:

1. Shall take the jurisprudence test administered by the Department,
2. Shall provide proof of identity by a photographic identification card upon the request of the individual administering the jurisprudence test,
3. May take the jurisprudence test as many times as desired without paying an additional testing fee, and
4. Shall score 80% or higher correct answers on the jurisprudence test to be eligible to receive an initial license to practice midwifery.

D. If an applicant scores 80% or higher correct answers on the jurisprudence test, the Department shall provide written notice to the applicant, within five working days after the date of the jurisprudence test, to submit to the Department:

1 A licensing fee of $25; and

2 If the documentation required in subsection (A)(4) or (6) is expired, current documentation

E The Department shall issue an initial license to practice midwifery within five working days after receiving the applicable documentation and licensing fee required in subsection (D)

F The Department shall provide to an applicant a written notice of denial that complies with A.R.S. § 41-1092.03(A) and inform the applicant that the applicant may reapply under subsection (A) if the applicant does not:

1. Score 80% or higher correct answers on the jurisprudence test within 180 calendar days after the date of the notification of eligibility to take the jurisprudence test, or
2. Submit to the Department the applicable documentation and licensing fee required in subsection (D) within 120 calendar days after the date of the notification in subsection (D).

R9-16-103. Renewal

A At least 30 calendar days and no more than 60 calendar days before the expiration date of a midwifery license, a midwife shall submit to the Department:

1. An application in a format provided by the Department for renewal of a midwifery license including the following information:
   a. The midwife's name, address, telephone number, and e-mail address;
   b The midwife's license number;

c. Whether the midwife has been convicted of a felony or a misdemeanor in this or another state or jurisdiction in the previous two years;

d. If the midwife was convicted of a felony or misdemeanor:

i. The date of the conviction;

ii The state or jurisdiction of the conviction;

iii The nature of the crime of which the midwife was convicted; and

iv The disposition of the case;

e Whether the midwife agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);

f. An attestation that the midwife has completed the continuing education requirement in R9-16-105;

g. An attestation that the midwife is complying with the requirements in A.R.S. § 32-3211;

h. An attestation that information required as part of the application has been submitted and is true and accurate; and

i The midwife's signature and date of signature.

2. Either:

a. Documentation that the midwife is currently certified by the North American Registry of Midwives as a Certified Professional Midwife; or

b. For a midwife who has been licensed as a midwife by the Department since 1999, and on no occasion the license lapsed, a copy of both sides of the midwife's current certification in:

i. Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(4)(a); and

ii. Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b); and

3. A non-refundable renewal fee of $25.

B The Department shall review an application according to R9-16-107 and Table 1.1 and approve or deny the application for renewal of a license to practice midwifery.

R9-16-104. Administration

A. A midwife shall submit a written request for the Department to:

1 Add the midwife's name, address, and telephone number to a list of licensed midwives on the Department's website; or

2 Remove the midwife's name, address, and telephone number from a list of licensed midwives on the Department's website

B A midwife shall:

1. Notify the Department in writing within 30 calendar days after:

a. The name of the hospital to which the midwife plans to send a client who needs services outside a midwife's scope of practice changes; or

b The name of the physician who agrees to assume care for a client who needs services outside a midwife's scope of practice changes; and

2 Provide to the Department, as applicable:

a The name of the new hospital to which the midwife plans to send a client who needs services outside a midwife's scope of practice; or

b. For each new physician who agrees to assume care for a client who needs services outside a midwife's scope of practice:

i The name of each new physician; and

ii. A letter from each new physician agreeing to assume care for a client who needs services outside a midwife's scope of practice.

C A midwife shall:

1 Notify the Department in writing within 5 working days after:

a. A client has died while under the midwife's care;

b A stillborn infant has been delivered by the midwife; or

c. An infant delivered by the midwife has died within the first 28 calendar days after birth; and

2. Provide a summary of the:

a. Circumstances leading up to the event; and

b. Actions taken by the midwife in response to the event

D A midwife shall:

1 Maintain:

a. Current certification in:

i. Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(4)(a); and

ii. Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b);

b Except as provided in R9-16-103(A)(2)(b) current certification as a Certified Professional Midwife by the North American Registry of Midwives; and

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Number: 1 Author: fcisco Subject: Sticky Note Date: 4/13/2013 1:35:57 AM

hospital/physicians may be determined by insurance in those cases of patients iwth coverage

Number: 2 Author: fcisco Subject: Sticky Note Date: 4/13/2013 1:37:38 AM

i think this should be 6 weeks post partum

c The continuing education required in subsection R9-16-105 for at least the previous three years; and

2. Provide a copy of documentation of the certification in subsection (D)(1) to the Department within 2 working days after the Department's request

R9-16-105. Continuing Education

During the term of a midwifery license, a midwife shall obtain at least 20 continuing education units that:

1 Improve the midwife's ability to:

a Provide services within the midwife's scope of practice;

b. Recognize and respond to situations outside the midwife's scope of practice; or

c Provide guidance to other services a client may need; and

2 Have been approved as applicable to the practice of midwifery by the:

a. American Nurses Association;

b American College of Obstetrics and Gynecologists;

c. Midwives Alliance of North America;

d. Arizona Medical Association;

e American College of Nurse Midwives;

f. Midwifery Education Accreditation Council; or

g. Another health professional organization.

R9-16-106. Name Change; Duplicate License

A. To request a name change on a midwifery license or a duplicate midwifery license, a midwife shall submit in writing to the Department:

1 The midwife's name on the current midwifery license;

2. If applicable, the midwife's new name;

3. The midwife's address, license number, and e-mail address;

4. As applicable:

a. Documentation supporting the midwife's name change; or

b A statement that the midwife is requesting a duplicate midwifery license; and

5 A non-refundable fee of $10 00.

B. Upon receipt of the written request required in subsection (A), the Department shall issue, as applicable:

1 An amended midwifery license that incorporates the name change but retains the expiration date of the midwifery license, or

2. A duplicate midwifery license

R9-16-107. Time-frames

A The overall time-frame described in A.R.S. § 41-1072(2) for each type of license granted by the Department is specified in Table 1.1. The applicant or midwife and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25 percent of the overall time-frame.

B The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for each type of license granted by the Department is specified in Table 1.1.

1. The administrative completeness review time-frame begins:
   a. For an applicant submitting an application for initial licensure, when the Department receives the application packet required in R9-16-102(A); and
   b. For a licensed midwife applying to renew a midwifery license, when the Department receives the application packet required in R9-16-103(A);
2. If an application is:
   a. Incomplete, the Department shall provide a notice of deficiencies to the applicant or midwife describing the missing documentation or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the documentation or information listed in the notice of deficiencies. An applicant or midwife shall submit to the Department the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1 for responding to a notice of deficiencies.
      i. If the applicant or midwife submits the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1, the Department shall provide a written notice of administrative completeness to the applicant or midwife;
      ii. If the applicant or midwife does not submit the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1, the Department shall consider the application withdrawn; or
   b. Complete, the Department shall provide a notice of administrative completeness to the applicant or midwife; and

3. If the Department issues a notice of eligibility to take the jurisprudence test or a license during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.

C. The substantive review time-frame described in A.R.S. § 41-1072(3) is specified in Table 1.1 and begins on the date of the notice of administrative completeness.

1. If an application complies with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife;
2. If an application does not comply with the requirements in this Article or A.R.S. Title 36, Chapter 6, Article 7, the Department shall make one comprehensive written request for additional information, unless the applicant or midwife has agreed in writing to allow the Department to submit supplemental requests for information;
3. An applicant or midwife shall submit to the Department all of the information requested in a comprehensive written request for additional information or a supplemental request for information within the time specified in Table 1.1;
4. The substantive review time-frame and the overall time-frame are suspended from the date that the Department sends a comprehensive written request for additional information or a supplemental request for information until the date that the Department receives all of the information requested;
5. If the applicant or midwife does not submit the additional information within the time specified in Table 1.1 or the additional information submitted by the applicant or midwife does not demonstrate compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide to the applicant a written notice of denial that complies with A.R.S. § 41-1092.03(A); and
6. If the applicant or midwife submits the additional information within the time specified in Table 1.1 and the additional information submitted by the applicant or midwife demonstrates compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife.

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Table 1.1. Time-frames (in calendar days)

Type of Approval	Statutory Authority	Overall Time-Frame	Administrative Completeness Review Time-Frame	Time to Respond to Notice of Deficiency	Substantive Review Time-Frame	Time to Respond to Comprehensive Written Request
Eligibility for Jurisprudence Test (R9-16-102)	A.R.S. §§ 36-753, 36-754, and 36-755	30	15	60	15	30
Midwifery License Renewal (R9-16-103)	A.R.S. § 36-754	30	15	30	15	15

R9-16-108. Responsibilities of a Midwife; Scope of Practice

A A midwife shall provide services only to a client determined to be low risk.

B Except as provided in R9-16-109(B),(C), or (D), a midwife who is certified by the North American Registry of Midwives as a Certified Professional Midwife may perform a vaginal delivery:

1. After prior cesarean section; 1
2. With multiple fetuses, or 2
3. Of a fetus in a breech presentation.

C Before providing service to a client, a midwife shall:

1 Inform a client, both orally and in writing, of:

a. The midwife's scope of practice, educational background, and credentials;

b If applicable to the client's condition, the midwife's experience with:

i Vaginal birth after prior cesarean section deliveries;

ii. Multiple gestation deliveries; or

iii. Delivery of a fetus in a breech presentation;

c Potential risks, adverse outcomes, and alternatives to an at-home delivery associated with the client's specific condition, described in subsection (C)(1)(b), including the need for emergency transport, surgical intervention, and neonatal or maternal complications, including death;

d The required tests and potential risks to a newborn and, if refused, the need for written documentation of client's refusal;

e The use of a physician for the provision of an emergency consultation or the use of a health care institution for the provision of emergency services;

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Number: 1 Author: fcisco Subject: Sticky Note Date: 4/13/2013 7:36:48 AM

the vbac safety data pertains to the first birth post cesarean and may not apply more broadly

Number: 2 Author: fcisco Subject: Sticky Note Date: 4/13/2013 7:41:23 AM

the data is best for twins at or near term should consider specifying no more than two and no earlier than 37 weeks

f. The midwife's facilitation of transfer of care to an emergency transport services, a hospital, or a physician; and

g. The midwife's notification to the client regarding termination of services if certain medical conditions arise or the client refuses intervention;

2. A midwife shall obtain a written informed consent for midwifery services in a format provided by the Department that includes:

a. The midwife's:

i. Name;

ii. Telephone number;

iii. License number; and

iv. E-mail address, if applicable;

b. The client's:

i. Name;

ii. Address;

iii. Telephone number;

iv. Date of birth; and

v. E-mail address, if applicable;

c. An attestation that the client was:

i. Provided the information required in subsection (C)(1);

ii. Informed of the emergency care plan as required in subsection (E); and

iii. Given an opportunity to have questions answered, has an understanding of the information provided, and choses to continue with midwifery services; and

d. The informed consent required in subsection (C)(2) is signed and dated by:

i. The client; and

ii. The midwife.

D. A midwife shall ensure that a copy of the informed consent for midwifery services required in subsection (C)(2) is provided to the:

1. Client, and

2. Department within 5 calendar days after Department request.

E. A midwife shall establish an emergency care plan for the client that includes:

1. The name, address and phone number of:

a. The hospital closest to the birthing location[1]d

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Number: 1 Author: fcisco Subject: Sticky Note Date: 4/13/2013 7:53:50 AM

should this be hospital with childbirth facilities?

b. An emergency transport service that provides service between the birthing location and the hospital identified in R9-16-108(E)(1)(a);

2. The hospital identified in subsection (E)(1)(a) is within 25 miles of the birthing location for a delivery identified in subsection R9-16-108(B),

3. The signature of the midwife and the date signed.

F. A midwife shall implement the emergency care plan if:

1. Any of the conditions in R9-16-110 occur and are applicable to labor,

2. An emergency delivery is necessary for any of the conditions identified in R9-16-108(B), or

3. Any other condition exits that threatens the life of the client or client's fetus.

G. A midwife shall ensure the client receives a copy of the emergency care plan required in subsection (E)

H. Subsections (B) and (K)(3) are effective July 1, 2014

I. A midwife shall maintain all instruments used for delivery in an aseptic manner and other birthing equipment and supplies in clean and good condition.

J. A midwife shall assess a client's physical condition in order to establish the client's continuing eligibility to receive midwifery services.

K. A midwife shall provide initial services and services during the prenatal period as follows:

1. Schedule or arrange for the following tests during the first visit:

a. Blood type, including ABO and Rh, with antibody screen;

b. Urinalysis;

c. Hematocrit and hemoglobin or complete blood count, initially and rechecked between 28 and 36 weeks of gestation;

d. Syphilis, gonorrhea, HIV, hepatitis, and chlamydia testing, unless a written refusal for chlamydia testing is obtained from the client; and

e. Rubella titer;

2. Conduct a prenatal visit at least once every 4 weeks until the beginning of 28 weeks gestation, once every 2 weeks from the beginning of 28 weeks until the end of 36 weeks gestation, and once a week after 36 weeks of gestation that includes

a. The taking of weight, urinalysis for protein, nitrites, glucose and ketones, blood pressure, and assessment of the lower extremities for swelling;

b. Measurement of the fundal height and listening for fetal heart tones and, later in the pregnancy, feeling the abdomen to determine the position of the fetus;

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licensed

Number: 2 Author: fcisco Subject: Sticky Note Date: 4/13/2013 7:55:59 AM

signature of client might also be helpful here

Number: 3 Author: fcisco Subject: Sticky Note Date: 4/13/2013 7:59:24 AM

the data for number and timing of visits is pretty non-existent these are the acog standards but just to be clear they are not themselves evidence based

c Referral of a client, as appropriate, for ultrasound or other studies recommended based upon examination or history;

d Document in the client record:

i. Any time bleeding or invasive uterine procedures are done; and

ii Any drug taken by an unsensitized Rh negative client after the beginning of 28 weeks gestation;

e. Fetal movement counts by client beginning at 28 weeks gestation; and

f. One-hour blood glucose screening test for diabetes, between 24 and 28 weeks gestation;

3 If applicable, refer a client for:

a. At least one ultrasound to determine placental location and risk for placenta previa and placenta accreta for a vaginal birth after prior Cesarean section delivery;

b An early ultrasound to confirm amnionicity and chorionicity and a follow-up growth ultrasound for a pregnancy with multiple gestation; or

c. A follow-up ultrasound at 35-36 weeks gestation to confirm fetal presentation and estimated fetal weight for a breech pregnancy;

4. Monitor fetal heart tones with fetoscope and document client's report of first quickening, between 18 and 20 weeks gestation, and conduct weekly visits until these signs have occurred. If these signs do not occur by the end of 22 weeks gestation, the midwife shall initiate a consultation;

5. Conduct a visit to the client's home before the end of 35 weeks gestation to ensure that the birthing environment is appropriate for birth and that a working telephone or citizen's band radio is available.

L. A midwife shall provide services during the intrapartum period as follows:

1. Notification to the emergency room charge nurse of the hospital identified in subsection (E)(1)(a) when the client:

a Begins labor; and

b. Ends labor;

2. The midwife shall determine if the client is in labor and the appropriate course of action to be taken by:

a Assessing the interval, duration, intensity, location, and pattern of the contractions;

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recommended by whom

Number: 2 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:04:33 AM

predictive value of sono for placental location and fetal position is excellent predictive value for previa is mod to poor and for accreta is poor

Number: 3 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:05:07 AM

do you want to define ega for this

Number: 4 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:07:06 AM

should this be L&D rather than ed?

b. Determining the condition of the membranes, whether intact, ruptured, and the amount and color of fluid;

c. Evaluating the presence of bloody show;

d. Reviewing with the client the need for an adequate fluid intake, relaxation, activity, and emergency management; and

e. Deciding whether to go to client's home, remain in telephone contact, or arrange for transfer of care or consultation;

3 During labor, the midwife shall assess the condition of the client and fetus upon initial contact, every half hour in active labor until completely dilated, and every 15 to 20 minutes during pushing, following rupture of the amniotic bag, or until the newborn is delivered Midwifery services shall include the following:

a. Checking of vital signs every 2 to 4 hours and an initial physical assessment of the client;

b. Assessment of fetal heart tones every 30 minutes in active first stage labor, and every 15 minutes during second stage, following rupture of the amniotic bag or with any significant change in labor patterns;

c. Assessment of contractions, fetal presentation, dilation, effacement, and fetal position by vaginal examination;

d Determination of the progress of active labor for primiparas by determining if dilation occurs at an average of 1 centimeter per hour until completely dilated, and a second stage not to exceed 2 hours;

e. Determination of a normal progress of active labor for multigravidas by determining if dilation occurs at an average of 1 5 to 2 centimeters per hour until completely dilated, and a second stage not to exceed 1 hour;

f Maintenance of proper fluid balance for the client throughout labor as determined by urinary output and monitoring urine for presence of ketones, at least every 2 hours; and

g. Assisting in support and comfort measures to the client and family;

4. After delivery of the newborn, midwifery services shall include the following:

a Assessment of the newborn at 1 minute and 5 minutes to determine the Apgar scores;

b. Physical assessment of the newborn for any abnormalities;

c Inspection of the client's perineum for lacerations; and

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not sure why this is being articulated here

d Delivery of the placenta within 40 minutes during which time the midwife shall assess for signs of separation, frank or occult bleeding, examine for intactness, and determine the number of umbilical cord vessels; and

5. The responsibility of the midwife shall include recognition of and response to any situation requiring immediate intervention.

M. A midwife shall provide the following services during the postpartum period:

1. During the 2 hours after delivery of the placenta, care of the client shall include:

a Taking of vital signs of the client and external massage of the uterus and evaluation of bleeding every 15 to 20 minutes for the first hour and every half hour for the second hour;

b. Assisting the client to urinate within 2 hours following the birth;

c. Evaluating the perineum for tears, bleeding, or blood clots;

d Assisting with maternal and infant bonding;

e. Assisting with initial breast feeding, instructing the client in the care of the breast, and reviewing potential danger signs, if appropriate;

f Providing instruction to the family about adequate fluid and nutritional intake, rest, and the types of exercise allowed, normal and abnormal bleeding, bladder and bowel function, appropriate baby care, signs and symptoms of postpartum depression, and any danger signals with appropriate emergency phone numbers;

g Document any drugs taken by the client in the client's record to an unsensitized Rh-negative client who delivers an Rh-positive newborn[1]

2. During the immediate postpartum period of 2 hours after delivery of the placenta, care of the newborn shall include:

a. Perform a newborn physical exam to determine the newborn's gestational age and any abnormalities;

b. Apply erythromycin optic ointment or other preparation to each of the newborn's eyes in accordance with A.A.C. R9-6-332; and

c Document the administration of any vitamins to the newborn in the newborn's record;

3. Any abnormal or emergency situation shall be evaluated and consultation or intervention sought in accordance with these rules;

4. The condition of the client and newborn shall be re-evaluated between 24 and 72 hours of delivery to determine whether the recovery is following a normal course and shall include:

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how will the mw know the baby is rh pos?

a. Assessment of baseline indicators such as the client's vital signs, bowel and bladder function, bleeding, breasts, feeding of the newborn, sleep/rest cycle, activity with any recommendations for change;

b Assessment of baseline indicators of well-being in the newborn such as vital signs, weight, cry, suck and feeding, fontanel, sleeping, bowel and bladder function with documentation of meconium, and any recommendations for changes made to the family;

c. Submission of blood obtained from a heel stick to the newborn to the state laboratory for screening according to A.R.S. § 36-694(B) and 9 A A C. 13, Article 2, unless a written refusal is obtained from the client and documented in the client's record and the newborn's record; and

d Recommendation to the client to secure medical follow-up for her newborn.

N A midwife shall file a birth certificate with the local registrar within seven calendar days after the birth of the newborn

R9-16-109. Prohibited Practice; Transfer of Care

A A midwife shall not accept for midwifery services a client who has or continue services for a client that develops any of the following:

1 A previous uterine surgery, except as provided in R9-16-108(B)(1);

2 A history of severe postpartum bleeding, of unknown cause, which required transfusion;

3 Deep vein thrombophlebitis or pulmonary embolism;

4. Insulin-dependent diabetes, hypertension, heart disease, kidney disease, blood disease, Rh disease with positive titers, active tuberculosis, or active syphilis;

5 Active hepatitis or active gonorrhea until treated and recovered, following which midwifery services may resume;

6 An unsafe location for delivery;

7 A blood pressure of 140/90 or an increase of 30mm Hg systolic or 15mm Hg diastolic over client's lowest baseline blood pressure for two consecutive readings taken at least six hours apart;

8 A persistent hemoglobin level below 10g or a hematocrit below 30 during the third trimester;

9 Primary genital herpes simplex infection in the first trimester or active genital herpes at the onset of labor;

10. A pelvis that will not safely allow a baby to pass through during labor.

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i think you mean thrombosis here

Number: 2 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:25:25 AM

by this standard it would appear the mw is ok managing a poorly controlled gestational diabetic as long as she is not recieving insulin?

Number: 3 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:26:01 AM

typo

Number: 4 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:27:05 AM

any guidance on assessment for this

11. A severe psychiatric illness evident during assessment of client's preparation for birth, or a history of severe psychiatric illness in the six-month period prior to pregnancy;
12. An addiction to alcohol, narcotics, or other drugs;
13. Prematurity or labor beginning before the beginning of 36 weeks gestation;
14. Gestational age greater than 34 weeks with no prior prenatal care;
15. A gestation beyond 42 weeks;
16. Presence of ruptured membranes without onset of labor within 24 hours;
17. Abnormal fetal heart rate of below 120 beats per minute or above 160 beats per minute;
18. Presence of thick meconium, blood-stained amniotic fluid, or abnormal fetal heart tones;
19. A postpartum hemorrhage of greater than 500 cubic centimeters in the current pregnancy;
20. A nonbleeding placenta retained more than 40 minutes; and
21. Expressed wishes of the client

B. A midwife shall not perform a vaginal delivery after prior Cesarean section for a client who:

1. Has a fetus with fetal anomalies, confirmed by an ultrasound;
2. Had more than one previous Cesarean section;
3. Had a previous Cesarean section with a classical or vertical uterine incision;
4. Had a previous Cesarean section within 18 months prior to expected delivery;
5. Had a previous Cesarean section for any of the following indications:
   a. Failure to dilate; or
   b. Cephalopelvic insufficiency;
6. Had complications during a previous vaginal delivery after a Cesarean section;
7. Had a Cesarean section with complications, including uterine infection;
8. Had a previous delivery with multiple fetuses; or
9. Had a previous delivery of a fetus in a breech presentation.

C. A midwife shall not perform a vaginal delivery with multiple fetuses for a client who:

1. Has more than 2 fetuses;
2. Has twins who are less than 37 weeks gestation or more than 41 weeks gestation;
3. Has either twin not presenting in a vertex position;
4. Has either twin experiencing atypical growth;
5. Has either twin experiencing fetal anomalies, confirmed by an ultrasound;
6. Had a previous Cesarean section or other demonstration of an inadequate maternal pelvis;
7. Had a vaginal delivery after prior Cesarean section; or
8. Had a previous delivery of a fetus in a breech presentation.

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completed weeks ? ie 36 6/7?

Number: 2 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:29:19 AM

i would think about removing the qualifier here what consitutes thick "pea soup"? or are you talking about particulate mec with other wise clear fuluid

Number: 3 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:30:37 AM

this sounds arbitrarily low to me

Number: 4 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:31:36 AM

or unknown uterine incision

Number: 5 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:33:34 AM

it seems inconsistent that cms could deliver a patient with h/o 8 or 9 but could do primary multip gest and breech presentation deliveries

Number: 6 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:34:34 AM

excllent and clear

D A midwife shall not perform a vaginal delivery of a fetus in a breech presentation for a client who:

1 Has more than one fetus;

2 Has a fetus with an estimated fetal weight less than 2500 grams or more than 3800 grams;

3 Has a fetus in a footling or incomplete breech position;

4. Has a fetus experiencing fetal anomalies, confirmed by an ultrasound;

5. Had a previous unsuccessful vaginal delivery or other demonstration of an inadequate maternal pelvis;

6. Had a vaginal delivery after prior Cesarean section; or

7. Had a previous delivery with multiple gestation.

E A midwife shall not perform any operative procedures except as provided in R9-16-111

F. A midwife shall not use any artificial, forcible, or mechanical means to assist birth, nor shall the midwife attempt to correct fetal presentations by external or internal movement of the fetus.

G A midwife shall not continue and shall transfer care of a newborn in which any of the following conditions are present:

1. Birth weight less than 2000 grams;

2. Pale, blue, or gray color after 10 minutes;

3. Excessive edema;

4. Major congenital anomalies; or

5 Respiratory distress

H The midwife shall document the conditions in R9-16-109(G) in the client record, if applicable.

R9-16-110. Required Consultation

A A midwife shall obtain a consultation to receive a written recommendation from a physician for treatment, referral, or transfer of care at the time a client is determined to have any of the following during the current pregnancy:

1. Testing positive for HIV, syphilis, gonorrhea, or hepatitis;

2 History of seizure disorder;

3. History of stillbirth, premature labor, or parity greater than 5;

4 Age is younger than 16 years of age or a primigravida older than 40 years of age;

5 Failure to auscultate fetal heart tones by the beginning of 22 weeks gestation;

6 Refusal of Rh blood work or treatment;

7. Failure to gain 12 pounds by the beginning of 30 weeks gestation or gaining more than 8 pounds in any two-week period during pregnancy;

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in all the sections above there needs to be a clarification/qualifier that says that these things cant be performed except in the case of emergency

8. Severe, persistent headaches, with visual disturbances, stomach pains, or swelling of the face and hands;
9. Greater than 1+ sugar, ketones, or protein in the urine on two consecutive visits;
10. Excessive vomiting or continued vomiting after the end of 20 weeks gestation;
11. Symptoms of decreased fetal movement;
12. A fever of at least or greater than 100.4° F or 38° C twice at 24 hours apart;
13. Effacement or dilation of the cervix, greater than a fingertip, accompanied by contractions, prior to the beginning of 36 weeks gestation;
14. Measurements for fetal growth that are not within 2 centimeters of the gestational age;
15. Second degree or greater lacerations of the birth canal;
16. An abnormal progression of labor;
17. An unengaged head at 7 centimeters dilation in active labor;
18. An abnormal presentation after 36 weeks gestation;
19. Failure of the uterus to return to normal size in the current postpartum period; or
20. Persistent shortness of breath requiring more than 24 breaths per minute, or breathing which is difficult or painful.

B. A midwife shall obtain a consultation to receive a written recommendation from a physician for treatment, referral, or transfer of care at the time any newborn demonstrates any of the following conditions:

1. Weight less than 2500 grams or 5 pounds, 8 ounces;
2. Congenital anomalies;
3. An Apgar score less than 7 at 5 minutes;
4. Persistent breathing at a rate of more than 60 breaths per minute;
5. An irregular heartbeat;
6. Persistent poor muscle tone;
7. Less than 36 weeks gestation or greater than 42 weeks gestation by gestational exam;
8. Yellowish-colored skin within 48 hours;
9. Abnormal crying;
10. Meconium staining of the skin;
11. Lethargy, irritability, or poor feeding;
12. Excessively pink coloring over the entire body;
13. Failure to urinate or pass meconium in the first 24 hours of life;
14. A hip examination which results in a clicking or incorrect angle;
15. Skin rashes not commonly seen in the newborn; or

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abdominal

Number: 2 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:40:13 AM

would think about adding tender uterine fundus to this list for

16. Temperature persistently above 99.0° or below 97.6° F.

C. The midwife shall:

1 Inform the client of the consultation required in subsections (A) or (B), and

2 Provide to the client a copy of the written recommendation required in subsections (A) or (B).

D. The midwife shall document the consultation and place the written recommendation required in subsections (A) or (B), in the client record or newborn record.

R9-16-111. Emergency Measures

A. A midwife shall, before the arrival of emergency medical personnel, perform the following procedures only in an emergency situation in which the health and safety of the client or newborn are determined to be at:

1. Cardiopulmonary resuscitation of the client or newborn with a bag and mask;

2 Administration of oxygen at no more than 8 liters per minute via mask for the client and 5 liters per minute for the newborn via neonatal mask;

3 Midline episiotomy to expedite the delivery during fetal distress;

4. Suturing of episiotomy or tearing of the perineum to stop active bleeding, following administration of local anesthetic, contingent upon consultation or standing orders of physician;

5 Release of shoulder dystocia by rotating the shoulders into one of the oblique diameters of the pelvis; and

6. Manual exploration of the uterus for control of severe bleeding

B. A midwife shall document any drugs taken by a client for the control of postpartum hemorrhage in the client's record.

R9-16-112. Midwife Report

A. A midwife shall complete a midwife report for each client in a format provided by the Department that includes the following:

1. The midwife's:

a First name;

b. Last name; and

c License number;

2. The client's:

a. First name;

b. Last name;

c Date of birth;

d. Client number;

e Date of last menstrual period;

f. Estimated date of delivery;

g. Gravida (number);

h. Para (number);

i Existence of a high-risk condition; and

j Description of the high-risk condition; if applicable;

3 A description of the maternal outcome;

4 If applicable, the newborn's:

a. Date of birth;

b Gender;

c. Weight;

d Length;

e. Head circumference;

f Designation of average, small or large for gestational age;

g Apgar score at 1 minute;

h. Apgar score at 5 minutes;

i. Existence of complications;

j. Description of complications; if applicable;

k Birth certificate filing date; and

l. Birth certificate number;

5. Whether the client required transfer of care and, if applicable,

a. Method of transport;

b. Destination type;

c Name of destination;

d. Time arrived at destination;

e Confirmation the emergency care plan was utilized; and

f. Medical reason for transfer of care;

6. The date midwife services were terminated;

7 Reason for the termination of midwife services;

8 If termination of midwife services was due to a medical condition, specify; and

9 Whether information was provided on newborn screening

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Number: 1 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:44:14 AM

would specify what you are looking for an at what period is this immediate post partum at 24 hours 6 weeks?

10. Whether newborn screening tests were ordered as indicated in A.R.S. § 36-694

B. The midwife report shall be submitted to the Department within 30 calendar days following the termination of midwifery services

R9-16-113 Client and Newborn Records

A. A midwife shall ensure that a record is established and maintained according to A.R.S. §§ 12-2291 and 12-2297 for each:

1. Client, and
2. Newborn delivered by the midwife from a client.

B. A midwife shall ensure that a record for each client includes the following:

1. The client's full name, date of birth, and address;
2. Names, addresses, telephone numbers of the client's spouse or other individuals; designated by the client to be contacted in an emergency;
3. Written informed consent for midwifery services signed by the client, as required in R9-16-108(C)(2);
4. A copy of the emergency care plan, as required in R9-16-108(E);
5. The date the midwife began providing midwifery services to the client;
6. The date the client is expected to deliver the newborn;
7. The date the newborn was delivered, if applicable;
8. An initial assessment of the client to:
   a. Rule out that the client has a history of a condition or circumstance that would preclude care of the client by the midwife, as required in R9-16-109;
   b. Determine the:
      i. Number and outcome of previous pregnancies; and
      ii. Number of previous medical or midwife visits the client has had during the current pregnancy;
9. Progress notes documenting the midwifery services provided to the client;
10. Laboratory and diagnostic reports;
11. Consultations made about the client and the reason for each consultation;
12. Written reports received from consultations as required in R9-16-110(D);
13. A description of any conditions or circumstances arising during the pregnancy that required the transfer of care;

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documentation that rather thnan rule out

Number: 2 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:46:57 AM

notes?

14 The name of the physician or hospital to which the care of the client was transferred, if applicable;

15. Documentation of medications taken by the client;

16 The outcome of the pregnancy;

17. The date the midwife stopped providing midwifery services to the client;

18. Instructions provided to the client before the midwife stopped providing midwifery services to the client; and

19. A copy of the midwife report required in R9-16-112.

C A midwife shall ensure that a record for each newborn includes the following:

1. The full name, date of birth, and address of the newborn's mother;

2. The newborn's:

   a. Date of birth;

   b. Gender;

   c. Weight at birth;

   d. Length at birth; and

   e. Apgar scores at one minute and five minutes after birth;

3. The newborn's estimated gestational age at birth;

4. Progress noted documenting the midwifery services provided to the newborn;

5. Laboratory and diagnostic reports;

6. Consultations made about the newborn and the reason for each consultation;

7. Written reports received from consultations as required in R9-16-110(D);

8. A description of any conditions or circumstances arising during or after the newborn's birth that required the transfer of care;

9 The name of the physician or hospital to which the care of the newborn was transferred, if applicable;

10. Documentation of medications taken by the newborn;

11 Documentation of newborn screening, including when blood was submitted and results received as required in, R9-16-108(M)(4)(c);

12 The date the midwife stopped providing midwifery services to the newborn; and

13 Instructions provided to the client about the newborn before the midwife stopped providing midwifery services to the newborn

R9-16-114. Denial, Suspension, or Revocation of License; Civil Penalties; Procedures

In addition to the grounds specified in A.R.S. §§ 36-756 and 13-904(E), the Department may deny, suspend, or revoke a license permanently or for a definite period of time and may assess a civil penalty of $50 for the first offense and $100 for each subsequent offense, for any of the following causes:

1. Practicing under a false name or alias so as to interfere with or obstruct the investigative or regulatory process,
2. Practicing under the influence of drugs or alcohol,
3. Falsification of records,
4. Obtaining any fee for midwifery services by fraud or misrepresentation,
5. Permitting another to use the midwife's license, or
6. Knowingly provides false information to the Department.

R9-16-115. Midwifery Advisory Committee

A. The director of the Department shall establish a midwifery advisory committee to:
   1. Examine aggregate data from the midwife reports required in R9-16-112,
   2. Examine evidence-based research pertaining to the practice of midwifery, and
   3. Recommend to the director changes in the regulatory rules pertaining to midwifery.

B. The midwifery advisory committee shall at minimum, convene annually.

C. The midwifery advisory committee shall be chaired by the director of the Department.

D. The director of the Department shall select the following midwifery advisory committee members:
   1. Two midwives who are licensed according to Title 36, Chapter 6, Article 7 of the Arizona Revised Statutes;
   2. Two public members who have used or who have significant experience with midwife services;
   3. One physician who is licensed according to Title 32, Chapter 13, of the Arizona Revised Statutes or one physician who is licensed according to Title 32, Chapter 17, of the Arizona Revised Statutes, and who has experience in obstetrics; and
   4. One nurse midwife who is licensed and certified according to Title 32, Chapter 15 of the Arizona Revised Statutes.

E. Midwifery advisory committee members:
   1. Serve at the discretion of the director of the Department,
   2. May serve for three one-year terms, and
   3. Are not eligible for compensation or reimbursement of expenses.

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Number: 1 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:49:09 AM

these penalties are too low given the seriousness of the breeches in standard of care

Number: 2 Author: fcisco Subject: Sticky Note Date: 4/13/2013 8:51:44 AM

in teneral this is really good, but i think that the emergency plans should be in writing and acknowledged also in writing by the reicieving hsop and doctor the way this is writtten you can call the ed and thats it i can see facilities saying they did not know about the delivery

TITLE 9. HEALTH SERVICES

CHAPTER 16. DEPARTMENT OF HEALTH SERVICES – OCCUPATIONAL LICENSING

ARTICLE 1. LICENSING OF MIDWIFERY

Section

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R9-16-103	Renewal
R9-16-104	Administration
R9-16-105	Continuing Education
R9-16-106	Name Change; Duplicate License
R9-16-107	Time-frames
Table 1.1.	Time-frames (in calendar days)
R9-16-108	Responsibilities of a Midwife; Scope of Practice
R9-16-109	Prohibited Practice; Transfer of Care
R9-16-110.	Required Consultation
R9-16-111.	Emergency Measures
R9-16-112.	Midwife Report
R9-16-113.	Client and Newborn Records
R9-16-114.	Denial, Suspension, or Revocation of License; Civil Penalties; Procedures
R9-16-115	Midwifery Advisory Committee

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ARTICLE 1. LICENSING OF MIDWIFERY

R9-16-101. Definitions

The following definitions apply in this Article unless otherwise specified:

1 "Abnormal presentation" means that at the time of birth a fetus is not in a head-down position with the crown of the head the leading body part

2. "Amniotic" means the fluid surrounding the fetus while in the mother's uterus

3. "Apgar score" means the numerical score assigned to a newborn's physical condition at birth based on a rating of zero to 2 given to selected body functions.

4. "Aseptic" means free of germs.

5 "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday

6. "Cervix" means the narrow lower end of the uterus which protrudes into the cavity of the vagina

7 "Consultation" means communication between a licensed midwife and physician for the purpose of receiving and implementing prospective advice regarding the care of a pregnant woman or infant

8. "Current photograph" means an image of an individual, taken no more than 60 calendar days before the submission of the individual's application, in a Department-approved electronic format capable of producing an image that:

   a. Has a resolution of at least 600 x 600 pixels but not more than 1200 x 1200 pixels;

   b. Is 2 inches by 2 inches in size;

   c. Is in natural color;

   d Is a front view of the individual's full face, without a hat or headgear that obscures the hair or hairline;

   e Has a plain white or off-white background; and

   f Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head

9. "Department" means the Arizona Department of Health Services.

10. "Dilation" means opening of the cervix during the mechanism of labor to allow for passage of the fetus.

11. "Effacement" means the gradual thinning of the cervix during the mechanism of labor and indicates progress in labor.
12. "Emergency care plan" means the arrangements established by a midwife for a client's transfer of care.
13. "Episiotomy" means the cutting of the perineum, center, middle, or midline, in order to enlarge the vaginal opening for delivery.
14. "Fetus" a child in utero from conception to birth.
15. "Gestation" means the length of time from conception to birth, as calculated from the first day of the last normal menstrual period.
16. "Gravida" means the number of times the mother has been pregnant, including a current pregnancy, regardless of whether these pregnancies were carried to term.
17. "High-risk" mean a pregnancy in which some condition puts the mother, the developing fetus, or both at higher-than-normal risk for complications during or after the pregnancy and birth
18. "Infant" has the same meaning as in A R S. § 36-694
19. "Informed consent" means a document signed by a client consenting to the provision of midwifery services, following receipt of information and education from a licensed midwife according to with R9-16-108(C)(2).
20. "Intrapartum" means occurring from the onset of labor until after the delivery of the placenta.
21. "Ketones" means certain harmful chemical elements which are present in the body in excessive amounts when there is a compromised bodily function.
22. "Jurisprudence test" means an assessment of an individual's knowledge of the:
    a. Laws of this state concerning the reporting of births, prenatal blood tests, and newborn screening; and
    b. Rules pertaining to the practice of midwifery.
23. "Local registrar" means a person appointed by the state's registrar of vital statistics for a registration district whose duty includes receipt of birth and death certificates for births and deaths occurring within that district for review, registration, and transmittal to the state office of vital records according to with A.R S. Title 36, Chapter 3.
24. "Low risk" means that the expected outcome of pregnancy, determined through physical assessment and review of the obstetrical history, shall most likely be that of a healthy woman giving birth to a healthy infant and expelling an intact placenta

25. "Meconium" means the first bowel movement of the newborn, which is greenish black in color and tarry in consistency.
26. "Newborn" has the same meaning as in A.R.S. § 36-694.
27. "Para" means the number of less-than-20-weeks births, including viable and non-viable births, where multiples are counted as one birth.
28. "Parity" means the number of infants a woman has delivered.
29. "Perineum" means the muscular region in the female between the vaginal opening and the anus.
30. "Physician" means a allopathic, osteopathic, or naturopathic practitioner licensed pursuant to A.R.S. Title 32, Chapters 13, 14, and 17, who has an obstetric practice.
31. "Postpartum" means the six-week period following delivery of an infant and placenta.
32. "Prenatal" means the period from conception to the onset of labor and birth.
33. "Prenatal care" means the on-going risk assessments, clinical examinations, and prenatal, nutritional, and anticipatory guidance offered to a pregnant woman.
34. "Prenatal visit" means each clinical examination of a pregnant woman for the purpose of monitoring the course of gestation and the overall health of the woman.
35. "Primigravida" means a woman who is pregnant for the first time.
36. "Primipara" means a woman who has given birth to her first infant.
37. "Quickening" means the first perceptible movement of the fetus in the uterus, occurring usually in the 16th to the 20th week of gestation.
38. "Rh" means a blood antigen.
39. "Shoulder dystocia" means the shoulders of the fetus are wedged in the mother's pelvis in such a way that the fetus is unable to be born without emergency action by the midwife.
40. "Transfer of care" means that a midwife refers the care of a client to an emergency transport service, hospital, or physician who then assumes responsibility for the direct care of the client.
41. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday or a statewide furlough day.

R9-16-102. Application for Initial Licensure

A. An applicant for an initial license to practice midwifery shall submit:

1. An application form provided by the Department with the following information:
   a. The applicant's name, address, telephone number, and e-mail address;

b. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;

c. Whether the applicant has ever been convicted of a felony or a misdemeanor in this or another state or jurisdiction;

d. If the applicant was convicted of a felony or misdemeanor:

i. The date of the conviction;

ii. The state or jurisdiction of the conviction; and

iii. An explanation of the crime of which the applicant was convicted;

e. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);

f. An attestation that information required as part of the application has been submitted and is true and accurate; and

g. The applicant's signature and date of signature;

2. A copy of the applicant's:

a. U.S. passport, current or expired;

b. Birth certificate;

c. Naturalization documents; or

d. Documentation of legal resident alien status;

3. Documentation that demonstrates the applicant is 21 years of age or older if the documentation submitted in subsection (A)(2) does not demonstrate that the applicant is 21 years of age or older;

4. A copy of both sides of the applicant's current certification in:

a. Adult basic cardiopulmonary resuscitation through a course recognized by the American Heart Association; and

b. Neonatal resuscitation through a course recognized by the American Academy of Pediatrics or American Heart Association;

5. Documentation of a high school diploma, a high school equivalency diploma, an associate's degree, or a higher degree;

6. Documentation that the applicant is certified by the North American Registry of Midwives as a Certified Professional Midwife;

7. A current photograph of the applicant;

8. A non-refundable application fee of $25; and

9. A non-refundable testing fee of $100 for a jurisprudence test administered by the Department

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B. The Department shall review an application according to R9-16-107 and Table 1 1

C. If an applicant receives notification of eligibility to take the jurisprudence test, the applicant:

1. Shall take the jurisprudence test administered by the Department,
2. Shall provide proof of identity by a photographic identification card upon the request of the individual administering the jurisprudence test,
3. May take the jurisprudence test as many times as desired without paying an additional testing fee, and
4. Shall score 80% or higher correct answers on the jurisprudence test to be eligible to receive an initial license to practice midwifery.

D. If an applicant scores 80% or higher correct answers on the jurisprudence test, the Department shall provide written notice to the applicant, within five working days after the date of the jurisprudence test, to submit to the Department:

1. A licensing fee of $25; and
2. If the documentation required in subsection (A)(4) or (6) is expired, current documentation.

E. The Department shall issue an initial license to practice midwifery within five working days after receiving the applicable documentation and licensing fee required in subsection (D)

F The Department shall provide to an applicant a written notice of denial that complies with A R S. § 41-1092.03(A) and inform the applicant that the applicant may reapply under subsection (A) if the applicant does not:

1. Score 80% or higher correct answers on the jurisprudence test within 180 calendar days after the date of the notification of eligibility to take the jurisprudence test, or
2. Submit to the Department the applicable documentation and licensing fee required in subsection (D) within 120 calendar days after the date of the notification in subsection (D).

R9-16-103. Renewal

A. At least 30 calendar days and no more than 60 calendar days before the expiration date of a midwifery license, a midwife shall submit to the Department:

1. An application in a format provided by the Department for renewal of a midwifery license including the following information:
   a. The midwife's name, address, telephone number, and e-mail address;
   b. The midwife's license number;

c. Whether the midwife has been convicted of a felony or a misdemeanor in this or another state or jurisdiction in the previous two years;

d. If the midwife was convicted of a felony or misdemeanor:

i. The date of the conviction;

ii. The state or jurisdiction of the conviction;

iii. The nature of the crime of which the midwife was convicted; and

iv. The disposition of the case;

e. Whether the midwife agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);

f. An attestation that the midwife has completed the continuing education requirement in R9-16-105;

g. An attestation that the midwife is complying with the requirements in A.R.S. § 32-3211;

h. An attestation that information required as part of the application has been submitted and is true and accurate; and [1].

i. The midwife's signature and date of signature.

2. Either:

a. Documentation that the midwife is currently certified by the North American Registry of Midwives as a Certified Professional Midwife; or

b. For a midwife who has been licensed as a midwife by the Department since 1999, and on no occasion the license lapsed, a copy of both sides of the midwife's current certification in:

i. Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(4)(a); and

ii. Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b); and

3. A non-refundable renewal fee of $25.

B. The Department shall review an application according to R9-16-107 and Table 1.1 and approve or deny the application for renewal of a license to practice midwifery.

R9-16-104. Administration

A. A midwife shall submit a written request for the Department to:

1. Add the midwife's name, address, and telephone number to a list of licensed midwives on the Department's website; or

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the midwife will provide an attestation that she is operating within the scope of practice and is adhering to all requirements in states statutes and rule

2 Remove the midwife's name, address, and telephone number from a list of licensed midwives on the Department's website.

B. A midwife shall:

1 Notify the Department in writing within 30 calendar days after:

a. The name of the hospital to which the midwife plans to send a client who needs services outside a midwife's scope of practice changes; or

b The name of the physician who agrees to assume care for a client who needs services outside a midwife's scope of practice changes; and

2 Provide to the Department, as applicable:

a. The name of the new hospital to which the midwife plans to send a client who needs services outside a midwife's scope of practice; or

b For each new physician who agrees to assume care for a client who needs services outside a midwife's scope of practice:

i The name of each new physician; and

ii. A letter from each new physician agreeing to assume care for a client who needs services outside a midwife's scope of practice

C. A midwife shall:

1. Notify the Department in writing within 5 working days after:

a A client has died while under the midwife's care;

b. A stillborn infant has been delivered by the midwife; or

c. An infant delivered by the midwife has died within the first 28 calendar days after birth; and

2. Provide a summary of the:

a. Circumstances leading up to the event; and

b. Actions taken by the midwife in response to the event

D A midwife shall:

1. Maintain:

a Current certification in:

i. Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(4)(a); and

ii. Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b);

b. Except as provided in R9-16-103(A)(2)(b) current certification as a Certified Professional Midwife by the North American Registry of Midwives; and

c The continuing education required in subsection R9-16-105 for at least the previous three years; and

2 Provide a copy of documentation of the certification in subsection (D)(1) to the Department within 2 working days after the Department's request

R9-16-105. Continuing Education

During the term of a midwifery license, a midwife shall obtain at least 20 continuing education units that:

1 Improve the midwife's ability to:

a. Provide services within the midwife's scope of practice;

b Recognize and respond to situations outside the midwife's scope of practice; or

c. Provide guidance to other services a client may need; and

2. Have been approved as applicable to the practice of midwifery by the:

a. American Nurses Association;

b American College of Obstetrics and Gynecologists;

c. Midwives Alliance of North America;

d Arizona Medical Association;

e. American College of Nurse Midwives;

f. Midwifery Education Accreditation Council; or

g. Another health professional organization.

R9-16-106. Name Change; Duplicate License

A. To request a name change on a midwifery license or a duplicate midwifery license, a midwife shall submit in writing to the Department:

1. The midwife's name on the current midwifery license;

2. If applicable, the midwife's new name;

3. The midwife's address, license number, and e-mail address;

4. As applicable:

a Documentation supporting the midwife's name change; or

b A statement that the midwife is requesting a duplicate midwifery license; and

5 A non-refundable fee of $10.00

B Upon receipt of the written request required in subsection (A), the Department shall issue, as applicable:

1 An amended midwifery license that incorporates the name change but retains the expiration date of the midwifery license, or

2. A duplicate midwifery license

R9-16-107. Time-frames

A. The overall time-frame described in A R S § 41-1072(2) for each type of license granted by the Department is specified in Table 1.1. The applicant or midwife and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25 percent of the overall time-frame.

B The administrative completeness review time-frame described in A R S. § 41-1072(1) for each type of license granted by the Department is specified in Table 1.1.

1 The administrative completeness review time-frame begins:

a For an applicant submitting an application for initial licensure, when the Department receives the application packet required in R9-16-102(A); and

b. For a licensed midwife applying to renew a midwifery license, when the Department receives the application packet required in R9-16-103(A);

2. If an application is:

a. Incomplete, the Department shall provide a notice of deficiencies to the applicant or midwife describing the missing documentation or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the documentation or information listed in the notice of deficiencies. An applicant or midwife shall submit to the Department the documentation or information listed in the notice of deficiencies within the time specified in Table 1 1 for responding to a notice of deficiencies

i If the applicant or midwife submits the documentation or information listed in the notice of deficiencies within the time specified in Table 1 1, the Department shall provide a written notice of administrative completeness to the applicant or midwife;

ii If the applicant or midwife does not submit the documentation or information listed in the notice of deficiencies within the time specified in Table 1 1, the Department shall consider the application withdrawn; or

b Complete, the Department shall provide a notice of administrative completeness to the applicant or midwife; and

3. If the Department issues a notice of eligibility to take the jurisprudence test or a license during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness

C. The substantive review time-frame described in A R S § 41-1072(3) is specified in Table 1 1 and begins on the date of the notice of administrative completeness.

1. If an application complies with the requirements in this Article and A R S. Title 36, Chapter 6, Article 7, the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife;
2. If an application does not comply with the requirements in this Article or A R S. Title 36, Chapter 6, Article 7, the Department shall make one comprehensive written request for additional information, unless the applicant or midwife has agreed in writing to allow the Department to submit supplemental requests for information;
3. An applicant or midwife shall submit to the Department all of the information requested in a comprehensive written request for additional information or a supplemental request for information within the time specified in Table 1 1;
4. The substantive review time-frame and the overall time-frame are suspended from the date that the Department sends a comprehensive written request for additional information or a supplemental request for information until the date that the Department receives all of the information requested;
5. If the applicant or midwife does not submit the additional information within the time specified in Table 1.1 or the additional information submitted by the applicant or midwife does not demonstrate compliance with this Article and A R S Title 36, Chapter 6, Article 7, the Department shall provide to the applicant a written notice of denial that complies with A R.S. § 41-1092 03(A); and
6. If the applicant or midwife submits the additional information within the time specified in Table 1.1 and the additional information submitted by the applicant or midwife demonstrates compliance with this Article and A.R.S Title 36, Chapter 6, Article 7, the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife.

Table 1.1. Time-frames (in calendar days)

Type of Approval	Statutory Authority	Overall Time-Frame	Administrative Completeness Review Time-Frame	Time to Respond to Notice of Deficiency	Substantive Review Time-Frame	Time to Respond to Comprehensive Written Request
Eligibility for Jurisprudence Test (R9-16-102)	A.R.S. §§ 36-753, 36-754, and 36-755	30	15	60	15	30
Midwifery License Renewal (R9-16-103)	A.R.S. § 36-754	30	15	30	15	15

R9-16-108. Responsibilities of a Midwife; Scope of Practice

A. A midwife shall provide services only to a client determined to be low risk.

B. Except as provided in R9-16-109(B),(C), or (D), a midwife who is certified by the North American Registry of Midwives as a Certified Professional Midwife may perform a vaginal delivery:

1. After prior cesarean section;
2. With multiple fetuses, or
3. Of a fetus in a breech presentation.

C. Before providing service to a client, a midwife shall:

1. Inform a client, both orally and in writing, of:
   a. The midwife's scope of practice, educational background, and credentials;
   b. If applicable to the client's condition, the midwife's experience with:
      i. Vaginal birth after prior cesarean section deliveries;[1]
      ii. Multiple gestation deliveries; or
      iii. Delivery of a fetus in a breech presentation;[2]
   c. Potential risks, adverse outcomes, and alternatives to an at-home delivery associated with the client's specific condition, described in subsection (C)(1)(b), including the need for emergency transport, surgical intervention, and neonatal or maternal complications, including death;
   d. The required tests and potential risks to a newborn and, if refused, the need for written documentation of client's refusal;
   e. The use of a physician for the provision of an emergency consultation or the use of a health care institution for the provision of emergency services;

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f. The midwife's facilitation of transfer of care to an emergency transport services, a hospital, or a physician; and

g. The midwife's notification to the client regarding termination of services if certain medical conditions arise or the client refuses intervention;

2. A midwife shall obtain a written informed consent for midwifery services in a format provided by the Department that includes: [1]

a. The midwife's:

i. Name;

ii. Telephone number;

iii. License number; and

iv. E-mail address, if applicable;

b. The client's:

i. Name;

ii. Address;

iii. Telephone number;

iv. Date of birth; and

v. E-mail address, if applicable;

c. An attestation that the client was:

i. Provided the information required in subsection (C)(1);

ii. Informed of the emergency care plan as required in subsection (E); and

iii. Given an opportunity to have questions answered, has an understanding of the information provided, and choses to continue with midwifery services; and

d. The informed consent required in subsection (C)(2) is signed and dated by:

i. The client; and

ii. The midwife

D. A midwife shall ensure that a copy of the informed consent for midwifery services required in subsection (C)(2) is provided to the:

1. Client, and

2. Department within 5 calendar days after Department request

E. A midwife shall establish an emergency care plan for the client that includes:

1. The name, address and phone number of:

a. The hospital closest to the birthing location; and

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Request that AZDHS develop an informed consent website that includes the statistic relevant findings from the UA College of PH Not to include the non-statistically significant findings as this may suggest to the reader that they are significant

b. An emergency transport service that provides service between the birthing location and the hospital identified in R9-16-108(E)(1)(a);

2 The hospital identified in subsection (E)(1)(a) is within 25 miles of the birthing location for a delivery identified in subsection R9-16-108(B),

3 The signature of the midwife and the date signed.

F. A midwife shall implement the emergency care plan if:

1 Any of the conditions in R9-16-110 occur and are applicable to labor,

2 An emergency delivery is necessary for any of the conditions identified in R9-16-108(B), or

3 Any other condition exits that threatens the life of the client or client's fetus.

G A midwife shall ensure the client receives a copy of the emergency care plan required in subsection (E).

H. Subsections (B) and (K)(3) are effective July 1, 2014.

I. A midwife shall maintain all instruments used for delivery in an aseptic manner and other birthing equipment and supplies in clean and good condition.

J. A midwife shall assess a client's physical condition in order to establish the client's continuing eligibility to receive midwifery services.

K. A midwife shall provide initial services and services during the prenatal period as follows:

1 Schedule or arrange for the following tests during the first visit:

a. Blood type, including ABO and Rh, with antibody screen;

b. Urinalysis;

c. Hematocrit and hemoglobin or complete blood count, initially and rechecked between 28 and 36 weeks of gestation;

d. Syphilis, gonorrhea, HIV, hepatitis, and chlamydia testing, unless a written refusal for chlamydia testing is obtained from the client; and

e Rubella titer;

2. Conduct a prenatal visit at least once every 4 weeks until the beginning of 28 weeks gestation, once every 2 weeks from the beginning of 28 weeks until the end of 36 weeks gestation, and once a week after 36 weeks of gestation that includes:

a The taking of weight, urinalysis for protein, nitrites, glucose and ketones, blood pressure, and assessment of the lower extremities for swelling;

b. Measurement of the fundal height and listening for fetal heart tones and, later in the pregnancy, feeling the abdomen to determine the position of the fetus;

c. Referral of a client, as appropriate, for ultrasound or other studies recommended based upon examination or history;

d. Document in the client record:

i Any time bleeding or invasive uterine procedures are done; and

ii Any drug taken by an unsensitized Rh negative client after the beginning of 28 weeks gestation;

e. Fetal movement counts by client beginning at 28 weeks gestation; and

f. One-hour blood glucose screening test for diabetes, between 24 and 28 weeks gestation;

3. If applicable, refer a client for: [1]

a. At least one ultrasound to determine placental location and risk for placenta previa and placenta accrete for a vaginal birth after prior Cesarean section delivery;

b. [2] An early ultrasound to confirm amnionicity and chorionicity and a follow-up growth ultrasound for a pregnancy with multiple gestation; or

c. A follow-up ultrasound at 35-36 weeks gestation to confirm fetal presentation and estimated fetal weight for a breech pregnancy; [3]

4. Monitor fetal heart tones with fetoscope and document client's report of first quickening, between 18 and 20 weeks gestation, and conduct weekly visits until these signs have occurred. If these signs do not occur by the end of 22 weeks gestation, the midwife shall initiate a consultation;

5. Conduct a visit to the client's home before the end of 35 weeks gestation to ensure that the birthing environment is appropriate for birth and that a working telephone or citizen's band radio is available.

L. A midwife shall provide services during the intrapartum period as follows:

1 Notification to the emergency room charge nurse of the hospital identified in subsection (E)(1)(a) when the client:

a Begins labor; and

b Ends labor;

2. The midwife shall determine if the client is in labor and the appropriate course of action to be taken by:

a Assessing the interval, duration, intensity, location, and pattern of the contractions;

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Remove "If applicable"
There must always be an assessment of where the placenta is located after cesarean to assess for previa or acceta This must be done

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I have attached risk factor and references for US after c/sec in a separate email

b. Determining the condition of the membranes, whether intact, ruptured, and the amount and color of fluid;

c. Evaluating the presence of bloody show;

d. Reviewing with the client the need for an adequate fluid intake, relaxation, activity, and emergency management; and

e. Deciding whether to go to client's home, remain in telephone contact, or arrange for transfer of care or consultation;

3. During labor, the midwife shall assess the condition of the client and fetus upon initial contact, every half hour in active labor until completely dilated, and every 15 to 20 minutes during pushing, following rupture of the amniotic bag, or until the newborn is delivered. Midwifery services shall include the following:

a. Checking of vital signs every 2 to 4 hours and an initial physical assessment of the client;

b. Assessment of fetal heart tones every 30 minutes in active first stage labor, and every 15 minutes during second stage, following rupture of the amniotic bag or with any significant change in labor patterns;

c. Assessment of contractions, fetal presentation, dilation, effacement, and fetal position by vaginal examination;

d. Determination of the progress of active labor for primiparas by determining if dilation occurs at an average of 1 centimeter per hour until completely dilated, and a second stage not to exceed 2 hours;

e. Determination of a normal progress of active labor for multigravidas by determining if dilation occurs at an average of 1.5 to 2 centimeters per hour until completely dilated, and a second stage not to exceed 1 hour;

f. Maintenance of proper fluid balance for the client throughout labor as determined by urinary output and monitoring urine for presence of ketones, at least every 2 hours; and

g. Assisting in support and comfort measures to the client and family;

4. After delivery of the newborn, midwifery services shall include the following:

a. Assessment of the newborn at 1 minute and 5 minutes to determine the Apgar scores;

b. Physical assessment of the newborn for any abnormalities;

c. Inspection of the client's perineum for lacerations; and

d. Delivery of the placenta within 40 minutes during which time the midwife shall assess for signs of separation, frank or occult bleeding, examine for intactness, and determine the number of umbilical cord vessels; and

5. The responsibility of the midwife shall include recognition of and response to any situation requiring immediate intervention.

M. A midwife shall provide the following services during the postpartum period:

1. During the 2 hours after delivery of the placenta, care of the client shall include:

a. Taking of vital signs of the client and external massage of the uterus and evaluation of bleeding every 15 to 20 minutes for the first hour and every half hour for the second hour;

b. Assisting the client to urinate within 2 hours following the birth;

c. Evaluating the perineum for tears, bleeding, or blood clots;

d. Assisting with maternal and infant bonding;

e. Assisting with initial breast feeding, instructing the client in the care of the breast, and reviewing potential danger signs, if appropriate;

f. Providing instruction to the family about adequate fluid and nutritional intake, rest, and the types of exercise allowed, normal and abnormal bleeding, bladder and bowel function, appropriate baby care, signs and symptoms of postpartum depression, and any danger signals with appropriate emergency phone numbers;

g. Document any drugs taken by the client in the client's record to an unsensitized Rh-negative client who delivers an Rh-positive newborn;

2. During the immediate postpartum period of 2 hours after delivery of the placenta, care of the newborn shall include:

a. Perform a newborn physical exam to determine the newborn's gestational age and any abnormalities;

b. Apply erythromycin optic ointment or other preparation to each of the newborn's eyes in accordance with A.A.C. R9-6-332; and

c. Document the administration of any vitamins to the newborn in the newborn's record;

3. Any abnormal or emergency situation shall be evaluated and consultation or intervention sought in accordance with these rules;

4. The condition of the client and newborn shall be re-evaluated between 24 and 72 hours of delivery to determine whether the recovery is following a normal course and shall include:

a Assessment of baseline indicators such as the client's vital signs, bowel and bladder function, bleeding, breasts, feeding of the newborn, sleep/rest cycle, activity with any recommendations for change;

b. Assessment of baseline indicators of well-being in the newborn such as vital signs, weight, cry, suck and feeding, fontanel, sleeping, bowel and bladder function with documentation of meconium, and any recommendations for changes made to the family;

c. Submission of blood obtained from a heel stick to the newborn to the state laboratory for screening according to A.R.S. § 36-694(B) and 9 A.A.C 13, Article 2, unless a written refusal is obtained from the client and documented in the client's record and the newborn's record; and

d Recommendation to the client to secure medical follow-up for her newborn

N. A midwife shall file a birth certificate with the local registrar within seven calendar days after the birth of the newborn.

R9-16-109. Prohibited Practice; Transfer of Care

A. A midwife shall not accept for midwifery services a client who has or continue services for a client that develops any of the following:

1 A previous uterine surgery, except as provided in R9-16-108(B)(1);

2 A history of severe postpartum bleeding, of unknown cause, which required transfusion;

3. Deep vein thrombophlebitis or pulmonary embolism;

4. Insulin-dependent diabetes, hypertension, heart disease, kidney disease, blood disease, Rh disease with positive titers, active tuberculosis, or active syphilis;

5. Active hepatitis or active gonorrhea until treated and recovered, following which midwifery services may resume;

6 An unsafe location for delivery;

7 A blood pressure of 140/90 or an increase of 30mm Hg systolic or 15mm Hg diastolic over client's lowest baseline blood pressure for two consecutive readings taken at least six hours apart;

8 A persistent hemoglobin level blow 10g or a hematocrit below 30 during the third trimester;

9 Primary genital herpes simplex infection in the first trimester or active genital herpes at the onset of labor;

10 A pelvis that will not safely allow a baby to pass through during labor;

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Request a formal form that list these conditions (recommend checkbox yes/no)
both patient/client and licensed midwife signs

Number: 2 Author: mmanriqu Subject: Sticky Note Date: 4/18/2013 1:48:19 PM

A previous uterine surgery that enters the myometrium

Number: 3 Author: mmanriqu Subject: Sticky Note Date: 4/18/2013 2:14:15 PM

The standard of care is to have these patients on suppressive therapy after 36 weeks, regardless of active lesions

11. A severe psychiatric illness evident during assessment of client's preparation for birth, or a history of severe psychiatric illness in the six-month period prior to pregnancy;
12. An addiction to alcohol, narcotics, or other drugs;
13. Prematurity or labor beginning before the beginning of 36 weeks gestation;
14. Gestational age greater than 34 weeks with no prior prenatal care;
15. A gestation beyond 42 weeks;
16. Presence of ruptured membranes without onset of labor within 24 hours;
17. Abnormal fetal heart rate of below 120 beats per minute or above 160 beats per minute;
18. Presence of thick meconium, blood-stained amniotic fluid, or abnormal fetal heart tones;
19. A postpartum hemorrhage of greater than 500 cubic [1] timeters in the current pregnancy;
20. A nonbleeding placenta retained more than 40 minutes; and
21. Expressed wishes of the client.

B. A midwife shall not perform a vaginal delivery after prior Cesarean section for a client who: [2]

1. Has a fetus with fetal anomalies, confirmed by an ultrasound;
2. Had more than one previous Cesarean section;
3. Had a previous Cesarean section with a classical or vertical uterine incision;
4. Had a previous Cesarean section within 18 months prior to expected delivery;
5. Had a previous Cesarean section for any of the following indications:
   a. Failure to dilate; or
   b. Cephalopelvic insufficiency;
6. Had complications during a previous vaginal delivery after a Cesarean section;
7. Had a Cesarean section with complications, including uterine infection;
8. Had a previous delivery with multiple fetuses; or
9. Had a previous delivery of a fetus in a breech presentation.

C. [4] A midwife shall not perform a vaginal delivery with multiple fetuses for a client who: [3]

1. [5] Has more than 2 fetuses;
2. [6] Has twins who are less than 37 weeks gestation or more than 41 weeks gestation;
3. [7] Has either twin not presenting in a vertex position;
4. Has either twin experiencing atypical growth;
5. Has either twin experiencing fetal anomalies, confirmed by an ultrasound;
6. Had a previous Cesarean section or other demonstration of an inadequate maternal pelvis;
7. Had a vaginal delivery after prior Cesarean section; or
8. Had a previous delivery of a fetus in a breech presentation.

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This should read milliliters

Number: 2 Author: mmanriqu Subject: Sticky Note Date: 4/18/2013 1:52:01 PM
and no more than one of these risk factors

Number: 3 Author: mmanriqu Subject: Sticky Note Date: 4/18/2013 2:34:18 PM
Remove all twin language I have attached information re twin risk in a separate email

Number: 4 Author: mmanriqu Subject: Highlight Date: 4/18/2013 2:16:14 PM

Number: 5 Author: mmanriqu Subject: Highlight Date: 4/18/2013 2:15:16 PM

Number: 6 Author: mmanriqu Subject: Highlight Date: 4/18/2013 2:32:31 PM

Number: 7 Author: mmanriqu Subject: Highlight Date: 4/18/2013 2:15:26 PM

D. A midwife shall not perform a vaginal delivery of a fetus in a breech presentation for a client who:

1. Has more than one fetus;
2. Has a fetus with an estimated fetal weight less than 2500 grams or more than 3800 grams;
3. Has a fetus in a footling or incomplete breech position;
4. Has a fetus experiencing fetal anomalies, confirmed by an ultrasound;
5. Had a previous unsuccessful vaginal delivery or other demonstration of an inadequate maternal pelvis;
6. Had a vaginal delivery after prior Cesarean section; or
7. Had a previous delivery with multiple gestation.

E. A midwife shall not perform any operative procedures except as provided in R9-16-111

F. A midwife shall not use any artificial, forcible, or mechanical means to assist birth, nor shall the midwife attempt to correct fetal presentations by external or internal movement of the fetus.

G. A midwife shall not continue and shall transfer care of a newborn in which any of the following conditions are present:

1. Birth weight less than 2000 grams;
2. Pale, blue, or gray color after 10 minutes;
3. Excessive edema;
4. Major congenital anomalies; or
5. Respiratory distress.

H. The midwife shall document the conditions in R9-16-109(G) in the client record, if applicable.

R9-16-110. Required Consultation

A. A midwife shall obtain a consultation to receive a written recommendation from a physician for treatment, referral, or transfer of care at the time a client is determined to have any of the following during the current pregnancy:

1. Testing positive for HIV, syphilis, gonorrhea, or hepatitis;
2. History of seizure disorder;
3. History of stillbirth, premature labor, or parity greater than 5;
4. Age is younger than 16 years of age or a primigravida older than 40 years of age;
5. Failure to auscultate fetal heart tones by the beginning of 22 weeks gestation;
6. Refusal of Rh blood work or treatment;
7. Failure to gain 12 pounds by the beginning of 30 weeks gestation or gaining more than 8 pounds in any two-week period during pregnancy;

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remove all breech language I have attached another email re planned breech vs c/sec in a separate email

8. Severe, persistent headaches, with visual disturbances, stomach pains, or swelling of the face and hands;
9. Greater than 1+ sugar, ketones, or protein in the urine on two consecutive visits;
10. Excessive vomiting or continued vomiting after the end of 20 weeks gestation;
11. Symptoms of decreased fetal movement;
12. A fever of at least or greater than 100.4° F or 38° C twice at 24 hours apart;
13. Effacement or dilation of the cervix, greater than a fingertip, accompanied by contractions, prior to the beginning of 36 weeks gestation;
14. Measurements for fetal growth that are not within 2 centimeters of the gestational age;
15. Second degree or greater lacerations of the birth canal;
16. An abnormal progression of labor;
17. An unengaged head at 7 centimeters dilation in active labor;
18. An abnormal presentation after 36 weeks gestation;
19. Failure of the uterus to return to normal size in the current postpartum period; or
20. Persistent shortness of breath requiring more than 24 breaths per minute, or breathing which is difficult or painful.

B. A midwife shall obtain a consultation to receive a written recommendation from a physician for treatment, referral, or transfer of care at the time any newborn demonstrates any of the following conditions:

1. Weight less than 2500 grams or 5 pounds, 8 ounces;
2. Congenital anomalies;
3. An Apgar score less than 7 at 5 minutes;
4. Persistent breathing at a rate of more than 60 breaths per minute;
5. An irregular heartbeat;
6. Persistent poor muscle tone;
7. Less than 36 weeks gestation or greater than 42 weeks gestation by gestational exam;
8. Yellowish-colored skin within 48 hours;
9. Abnormal crying;
10. Meconium staining of the skin;
11. Lethargy, irritability, or poor feeding;
12. Excessively pink coloring over the entire body;
13. Failure to urinate or pass meconium in the first 24 hours of life;
14. A hip examination which results in a clicking or incorrect angle;
15. Skin rashes not commonly seen in the newborn; or

16 Temperature persistently above 99.0° or below 97.6° F.

C. The midwife shall:

1 Inform the client of the consultation required in subsections (A) or (B), and

2 Provide to the client a copy of the written recommendation required in subsections (A) or (B).

D The midwife shall document the consultation and place the written recommendation required in subsections (A) or (B), in the client record or newborn record

R9-16-111. Emergency Measures

A. A midwife shall, before the arrival of emergency medical personnel, perform the following procedures only in an emergency situation in which the health and safety of the client or newborn are determined to be at:

1. Cardiopulmonary resuscitation of the client or newborn with a bag and mask;

2. Administration of oxygen at no more than 8 liters per minute via mask for the client and 5 liters per minute for the newborn via neonatal mask;

3 Midline episiotomy to expedite the delivery during fetal distress;

4 Suturing of episiotomy or tearing of the perineum to stop active bleeding, following administration of local anesthetic, contingent upon consultation or standing orders of physician;

5 Release of shoulder dystocia by rotating the shoulders into one of the oblique diameters of the pelvis; and

6. Manual exploration of the uterus for control of severe bleeding.

B A midwife shall document any drugs taken by a client for the control of postpartum hemorrhage in the client's record

R9-16-112. Midwife Report

A. A midwife shall complete a midwife report for each client in a format provided by the Department that includes the following[1]

1 The midwife's:

a. First name;

b Last name; and

c. License number;

2. The client's:

a First name;

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Request that the AZDHS report a comprehensive report based on the data gathered that would be available on the website and available to the public

b Last name;

c Date of birth;

d Client number;

e Date of last menstrual period;

f Estimated date of delivery;

g Gravida (number);

h Para (number);

i Existence of a high-risk condition; and

j Description of the high-risk condition; if applicable;

3 A description of the maternal outcome;

4 If applicable, the newborn's:

a Date of birth;

b Gender;

c Weight;

d Length;

e Head circumference;

f Designation of average, small or large for gestational age;

g Apgar score at 1 minute;

h Apgar score at 5 minutes;

i Existence of complications;

j. Description of complications; if applicable;

k Birth certificate filing date; and

l Birth certificate number;

5. Whether the client required transfer of care and, if applicable,

a. Method of transport;

b Destination type;

c Name of destination;

d Time arrived at destination;

e Confirmation the emergency care plan was utilized; and

f Medical reason for transfer of care;

6. The date midwife services were terminated;

7. Reason for the termination of midwife services;

8. If termination of midwife services was due to a medical condition, specify; and

9 Whether information was provided on newborn screening.

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List what high risk conditions are considered high risk so the licensed midwife knows and reporting is consistent

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14 The name of the physician or hospital to which the care of the client was transferred, if applicable;

15 Documentation of medications taken by the client;

16 The outcome of the pregnancy;

17. The date the midwife stopped providing midwifery services to the client;

18. Instructions provided to the client before the midwife stopped providing midwifery services to the client; and

19. A copy of the midwife report required in R9-16-112.

C. A midwife shall ensure that a record for each newborn includes the following:

1 The full name, date of birth, and address of the newborn's mother;

2 The newborn's:

a Date of birth;

b Gender;

c Weight at birth;

d Length at birth; and

e Apgar scores at one minute and five minutes after birth;

3 The newborn's estimated gestational age at birth;

4 Progress noted documenting the midwifery services provided to the newborn;

5 Laboratory and diagnostic reports;

6 Consultations made about the newborn and the reason for each consultation;

7 Written reports received from consultations as required in R9-16-110(D);

8. A description of any conditions or circumstances arising during or after the newborn's birth that required the transfer of care;

9. The name of the physician or hospital to which the care of the newborn was transferred, if applicable;

10. Documentation of medications taken by the newborn;

11. Documentation of newborn screening, including when blood was submitted and results received as required in, R9-16-108(M)(4)(c);

12. The date the midwife stopped providing midwifery services to the newborn; and

13 Instructions provided to the client about the newborn before the midwife stopped providing midwifery services to the newborn.

R9-16-114. Denial, Suspension, or Revocation of License; Civil Penalties; Procedures

In addition to the grounds specified in A R.S §§ 36-756 and 13-904(E), the Department may deny, suspend, or revoke a license permanently or for a definite period of time and may assess a civil penalty of $50 for the first offense and $100 for each subsequent offense, for any of the following causes:

1 Practicing under a false name or alias so as to interfere with or obstruct the investigative or regulatory process,

2. Practicing under the influence of drugs or alcohol,

3 Falsification of records,

4 Obtaining any fee for midwifery services by fraud or misrepresentation,

5 Permitting another to use the midwife's license, or

6. Knowingly provides false information to the Department

R9-16-115. Midwifery Advisory Committee

A The director of the Department shall establish a midwifery advisory committee to:

1 Examine aggregate data from the midwife reports required in R9-16-112,

2. Examine evidence-based research pertaining to the practice of midwifery, and

3. Recommend to the director changes in the regulatory rules pertaining to midwifery

B. The midwifery advisory committee shall at minimum, convene annually.

C The midwifery advisory committee shall be chaired by the director of the Department.

D. The director of the Department shall select the following midwifery advisory committee members:

1. Two midwives who are licensed according to Title 36, Chapter 6, Article 7 of the Arizona Revised Statutes;

2. Two public members who have used or who have significant experience with midwife services;

3. One physician who is licensed according to Title 32, Chapter 13, of the Arizona Revised Statutes or one physician who is licensed according to Title 32, Chapter 17, of the Arizona Revised Statutes, and who has experience in obstetrics; and

4 One nurse midwife who is licensed and certified according to Title 32, Chapter 15 of the Arizona Revised Statutes.

E Midwifery advisory committee members:

1. Serve at the discretion of the director of the Department,

2. May serve for three one-year terms, and

3 Are not eligible for compensation or reimbursement of expenses

10. Whether newborn screening tests were ordered as indicated in A R S § 36-694

B The midwife report shall be submitted to the Department within 30 calendar days following the termination of midwifery services.

R9-16-113 Client and Newborn Records

A. A midwife shall ensure that a record is established and maintained according to A R.S. §§ 12-2291 and 12-2297 for each:

1. Client, and
2. Newborn delivered by the midwife from a client.

B. A midwife shall ensure that a record for each client includes the following:

1. The client's full name, date of birth, and address;
2. Names, addresses, telephone numbers of the client's spouse or other individuals; designated by the client to be contacted in an emergency;
3. Written informed consent for midwifery services signed by the client, as required in R9-16-108(C)(2);
4. A copy of the emergency care plan, as required in R9-16-108(E);
5. The date the midwife began providing midwifery services to the client;
6. The date the client is expected to deliver the newborn;
7. The date the newborn was delivered, if applicable;
8. An initial assessment of the client to:
   a. Rule out that the client has a history of a condition or circumstance that would preclude care of the client by the midwife, as required in R9-16-109;
   b. Determine the:
      i. Number and outcome of previous pregnancies; and
      ii. Number of previous medical or midwife visits the client has had during the current pregnancy;
9. Progress noted documenting the midwifery services provided to the client;
10. Laboratory and diagnostic reports;
11. Consultations made about the client and the reason for each consultation;
12. Written reports received from consultations as required in R9-16-110(D);
13. A description of any conditions or circumstances arising during the pregnancy that required the transfer of care;

TITLE 9. HEALTH SERVICES

CHAPTER 16. DEPARTMENT OF HEALTH SERVICES – OCCUPATIONAL LICENSING

ARTICLE 1. LICENSING OF MIDWIFERY

Section	
R9-16-101	Definitions
R9-16-102	Application for Initial Licensure
R9-16-103	Renewal
R9-16-104	Administration
R9-16-105	Continuing Education
R9-16-106	Name Change; Duplicate License
R9-16-107	Time-frames
Table 1.1	Time-frames (in calendar days)
R9-16-108	Responsibilities of a Midwife: Scope of Practice
R9-16-109	Prohibited Practice: Transfer of Care
R9-16-110	Required Consultation
R9-16-111	Emergency Measures
R9-16-112	Midwife Report
R9-16-113	Client and Newborn Records
R9-16-114	Denial, Suspension, or Revocation of License; Civil Penalties; Procedures
R9-16-115	Midwifery Advisory Committee

ARTICLE 1. LICENSING OF MIDWIFERY

R9-16-101 Definitions

The following definitions apply in this Article unless otherwise specified.

1. "Abnormal presentation" means that at the time of birth a fetus is not in a head-down position with the crown of the head the leading body part
2. "Amniotic" means the fluid surrounding the fetus while in the mother's uterus
3. "Apgar score" means the numerical score assigned to a newborn's physical condition at birth based on a rating of zero to 2 given to selected body functions
4. "Aseptic" means free of germs
5. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday
6. "Cervix" means the narrow lower end of the uterus which protrudes into the cavity of the vagina
7. "Consultation" means communication between ~~a licensed midwife and physician~~ licensed midwives, certified nurse midwives + physicians for the purpose of receiving and implementing prospective advice regarding the care of a pregnant woman or infant
8. "Current photograph" means an image of an individual, taken no more than 60 calendar days before the submission of the individual's application, in a Department-approved electronic format capable of producing an image that:
   - a. Has a resolution of at least 600 x 600 pixels but not more than 1200 x 1200 pixels;
   - b. Is 2 inches by 2 inches in size;
   - c. Is in natural color;
   - d. Is a front view of the individual's full face, without a hat or headgear that obscures the hair or hairline;
   - e. Has a plain white or off-white background; and
   - f. Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head
9. "Department" means the Arizona Department of Health Services
10. "Dilation" means opening of the cervix during the mechanism of labor to allow for passage of the fetus

11 "Effacement" means the gradual thinning of the cervix during the mechanism of labor and indicates progress in labor

12 "Emergency care plan" means the arrangements established by a midwife for a client's transfer of care

13 "Episiotomy" means the cutting of the perineum, center, middle, or midline, in order to enlarge the vaginal opening for delivery

14 "Fetus" a child in utero from conception to birth

15 "Gestation" means the length of time from conception to birth, as calculated from the first day of the last normal menstrual period

16 "Gravida" means the number of times the mother has been pregnant, including a current pregnancy, regardless of whether these pregnancies were carried to term

17 "High-risk" mean a pregnancy in which some condition puts the mother, the developing fetus, or both at higher-than-normal risk for complications during or after the pregnancy and birth

18 "Infant" has the same meaning as in A R S § 36-694

19 "Informed consent" means a document signed by a client consenting to the provision of midwifery services following receipt of information and education from a licensed midwife according to with R9-16-108(C)(2)

20 "Intrapartum" means occurring from the onset of labor until after the delivery of the placenta

21 "Ketones" means certain harmful chemical elements which are present in the body in excessive amounts when there is a compromised bodily function

22 "Jurisprudence test" means an assessment of an individual's knowledge of the:

a Laws of this state concerning the reporting of births, prenatal blood tests, and newborn screening; and

b Rules pertaining to the practice of midwifery

23 "Local registrar" means a person appointed by the state's registrar of vital statistics for a registration district whose duty includes receipt of birth and death certificates for births and deaths occurring within that district for review, registration, and transmittal to the state office of vital records according to with A R S Title 36 Chapter 3.

24 "Low risk" means that the expected outcome of pregnancy, determined through physical assessment and review of the obstetrical history, shall most likely be that of a healthy woman giving birth to a healthy infant and expelling an intact placenta

25 "Meconium" means the first bowel movement of the newborn which is greenish black in color and tarry in consistency

26 "Newborn" has the same meaning as in A R S § 36-694

27 "Para" means the number of ~~less~~ more than 20 weeks ~~births~~ gestation, including viable and non-viable births where multiples are counted as one birth

28 "Parity" means the number of infants a woman has delivered

29 "Perineum" means the muscular region in the female between the vaginal opening and the anus

30 "Physician" means a allopathic osteopathic, or naturopathic practitioner licensed pursuant to A R S Title 32, Chapters 13, 14, and 17, who has an obstetric practice

31 "Postpartum" means the six-week period following delivery of an infant and placenta

32 "Prenatal" means the period from conception to the onset of labor and birth

33 "Prenatal care" means the on-going risk assessments clinical examinations, and prenatal, nutritional and anticipatory guidance offered to a pregnant woman

34 "Prenatal visit" means each clinical examination of a pregnant woman for the purpose of monitoring the course of gestation and the overall health of the woman

35 "Primigravida" means a woman who is pregnant for the first time

36 "Primipara" means a woman who has given birth to her first infant

37 "Quickening" means the first perceptible movement of the fetus in the uterus occurring usually in the 16th to the 20th week of gestation

38 "Rh" means a blood antigen

39 "Shoulder dystocia" means the shoulders of the fetus are wedged in the mother's pelvis in such a way that the fetus is unable to be born without emergency action by the midwife

40 "Transfer of care" means that a midwife refers the care of a client to an emergency transport service hospital, or physician who then assumes responsibility for the direct care of the client certified nurse midwife

41 "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday or a statewide furlough day

R9-16-102 Application for Initial Licensure

A An applicant for an initial license to practice midwifery shall submit:

1 An application form provided by the Department with the following information:

a The applicant's name, address telephone number, and e-mail address;

b The applicant's Social Security number as required under A.R.S. §§ 25-320 and 25-502;

c Whether the applicant has ever been convicted of a felony or a misdemeanor in this or another state or jurisdiction;

d If the applicant was convicted of a felony or misdemeanor:

i The date of the conviction;

ii The state or jurisdiction of the conviction; and

iii An explanation of the crime of which the applicant was convicted;

e Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);

f An attestation that information required as part of the application has been submitted and is true and accurate; and

g The applicant's signature and date of signature;

2 A copy of the applicant's:

a U.S. passport, current or expired;

b Birth certificate;

c Naturalization documents; or

d Documentation of legal resident alien status;

3 Documentation that demonstrates the applicant is 21 years of age or older if the documentation submitted in subsection (A)(2) does not demonstrate that the applicant is 21 years of age or older;

4 A copy of both sides of the applicant's current certification in:

a Adult basic cardiopulmonary resuscitation through a course recognized by the American Heart Association or other qualified organization; and

b Neonatal resuscitation through a course recognized by the American Academy of Pediatrics or American Heart Association;

5 Documentation of a high school diploma, a high school equivalency diploma, an associate's degree, or a higher degree;

6 Documentation that the applicant is certified by the North American Registry of Midwives as a Certified Professional Midwife;

7 A current photograph of the applicant;

8 A non-refundable application fee of $25; and

9 A non-refundable testing fee of $100 for a jurisprudence test administered by the Department.

B The Department shall review an application according to R9-16-107 and Table 1.1

C If an applicant receives notification of eligibility to take the jurisprudence test, the applicant:

1 Shall take the jurisprudence test administered by the Department,

2 Shall provide proof of identity by a photographic identification card upon the request of the individual administering the jurisprudence test,

3 May take the jurisprudence test as many times as desired without paying an additional testing fee, and

4 Shall score 80% or higher correct answers on the jurisprudence test to be eligible to receive an initial license to practice midwifery

D If an applicant scores 80% or higher correct answers on the jurisprudence test, the Department shall provide written notice to the applicant, within five working days after the date of the jurisprudence test, to submit to the Department:

1 A licensing fee of $25; and

2 If the documentation required in subsection (A)(4) or (6) is expired, current documentation

E The Department shall issue an initial license to practice midwifery within five working days after receiving the applicable documentation and licensing fee required in subsection (D)

F The Department shall provide to an applicant a written notice of denial that complies with A.R.S. § 41-1092.03(A) and inform the applicant that the applicant may reapply under subsection (A) if the applicant does not:

1 Score 80% or higher correct answers on the jurisprudence test within 180 calendar days after the date of the notification of eligibility to take the jurisprudence test, or

2 Submit to the Department the applicable documentation and licensing fee required in subsection (D) within 120 calendar days after the date of the notification in subsection (D)

R9-16-103 Renewal

A At least 30 calendar days and no more than 60 calendar days before the expiration date of a midwifery license, a midwife shall submit to the Department:

1 An application in a format provided by the Department for renewal of a midwifery license including the following information:

a The midwife's name, address, telephone number, and e-mail address;

b The midwife's license number;

c Whether the midwife has been convicted of a felony or a misdemeanor in this or another state or jurisdiction in the previous two years;

d If the midwife was convicted of a felony or misdemeanor:

i The date of the conviction;

ii The state or jurisdiction of the conviction;

iii The nature of the crime of which the midwife was convicted; and

iv The disposition of the case;

e Whether the midwife agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);

f An attestation that the midwife has completed the continuing education requirement in R9-16-105;

g An attestation that the midwife is complying with the requirements in A.R.S. § 32-3211;

h An attestation that information required as part of the application has been submitted and is true and accurate; and

i The midwife's signature and date of signature

2 Either

a Documentation that the midwife is currently certified by the North American Registry of Midwives as a Certified Professional Midwife; or

b For a midwife who has been licensed as a midwife by the Department since 1999, and on no occasion the license lapsed, a copy of both sides of the midwife's current certification in:

i Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(4)(a); and

ii Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b); and

3 A non-refundable renewal fee of $25

B The Department shall review an application according to R9-16-107 and Table 1.1 and approve or deny the application for renewal of a license to practice midwifery.

R9-16-104 Administration

A A midwife shall submit a written request for the Department to:

1 Add the midwife's name, address, and telephone number to a list of licensed midwives on the Department's website; or

2 Remove the midwife's name, address, and telephone number from a list of licensed midwives on the Department's website

B. A midwife shall:

1 Notify the Department in writing within 30 calendar days after:

a The name of the hospital to which the midwife plans to send a client who needs services outside a midwife's scope of practice changes; or

b ~~The name of the physician~~ or ~~certified nurse midwife~~ who agrees to assume care for ~~a client who needs~~ services outside a midwife's scope of practice changes; and

STRIKE

2 Provide to the Department, as applicable:

a The name of the new hospital to which the midwife plans to send a client who needs services outside a midwife's scope of practice; or

b For each new ~~physician who agrees to~~ or certified nurse midwife assume care for a client who needs ~~services outside a midwife's scope of practice~~:

i The name of each new physician; and

~~ii. A letter from~~ Strike each new physician agreeing to assu

who needs services outside a midwife's scope of p

Physicians unwilling to write letters to accept care.

B. 2, b, ii

C. A midwife shall:

1 Notify the Department in writing within 5 working days after:

a A client has died while under the midwife's care;

b A stillborn infant has been delivered by the midwife; or

c An infant delivered by the midwife has died within the first 28 calendar days after birth; and

2 Provide a summary of the:

a Circumstances leading up to the event; and

b Actions taken by the midwife in response to the event

Redundant — in R9-16-103 2. b (i.) (ii) specified in

D. A midwife shall:

1 Maintain:

Redundant →

a Current certification in:

i Adult basic cardiopulmonary resuscitation that meets th R9-16-102(A)(4)(a); and

ii Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b);

b Except as provided in R9-16-103(A)(2)(b) current certification as a Certified Professional Midwife by the North American Registry of Midwives; and

c. The continuing education required in subsection R9-16-105 for at least the previous three years; and

2 Provide a copy of documentation of the certification in subsection (D)(1) to the Department within 2 working days after the Department's request

R9-16-105 Continuing Education

During the term of a midwifery license, a midwife shall obtain at least 20 continuing education units that:

1 Improve the midwife's ability to:

a Provide services within the midwife's scope of practice;

b Recognize and respond to situations outside the midwife's scope of practice; or

c Provide guidance to other services a client may need; and

2 Have been approved as applicable to the practice of midwifery by the:

a American Nurses Association;

b American College of Obstetrics and Gynecologists;

c Midwives Alliance of North America;

d Arizona Medical Association;

e American College of Nurse Midwives;

f Midwifery Education Accreditation Council; or

g Another health professional organization

R9-16-106 Name Change; Duplicate License

A To request a name change on a midwifery license or a duplicate midwifery license, a midwife shall submit in writing to the Department:

1 The midwife's name on the current midwifery license;

2 If applicable, the midwife's new name;

3 The midwife's address, license number, and e-mail address;

4 As applicable:

a Documentation supporting the midwife's name change; or

b A statement that the midwife is requesting a duplicate midwifery license; and

5 A non-refundable fee of $10.00

B Upon receipt of the written request required in subsection (A), the Department shall issue, as applicable:

1 An amended midwifery license that incorporates the name change but retains the expiration date of the midwifery license; or

2 A duplicate midwifery license

R9-16-107 Time-frames

A The overall time-frame described in A R S § 41-1072(2) for each type of license granted by the Department is specified in Table 1 1 The applicant or midwife and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame The substantive review time-frame and the overall time-frame may not be extended by more than 25 percent of the overall time-frame

B The administrative completeness review time-frame described in A R S § 41-1072(1) for each type of license granted by the Department is specified in Table 1 1

1 The administrative completeness review time-frame begins:

a For an applicant submitting an application for initial licensure, when the Department receives the application packet required in R9-16-102(A); and

b For a licensed midwife applying to renew a midwifery license, when the Department receives the application packet required in R9-16-103(A);

2 If an application is:

a Incomplete the Department shall provide a notice of deficiencies to the applicant or midwife describing the missing documentation or incomplete information The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the documentation or information listed in the notice of deficiencies An applicant or midwife shall submit to the Department the documentation or information listed in the notice of deficiencies within the time specified in Table 1 1 for responding to a notice of deficiencies

i If the applicant or midwife submits the documentation or information listed in the notice of deficiencies within the time specified in Table 1 1 the Department shall provide a written notice of administrative completeness to the applicant or midwife;

ii If the applicant or midwife does not submit the documentation or information listed in the notice of deficiencies within the time specified in Table 1 1, the Department shall consider the application withdrawn: or

b Complete, the Department shall provide a notice of administrative completeness to the applicant or midwife: and

3 If the Department issues a notice of eligibility to take the jurisprudence test or a license during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness

C. The substantive review time frame described in A R S § 41-1072(3) is specified in Table 1 1 and begins on the date of the notice of administrative completeness

1 If an application complies with the requirements in this Article and A R S Title 36, Chapter 6 Article 7 the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife;

2 If an application does not comply with the requirements in this Article or A R S Title 36, Chapter 6, Article 7, the Department shall make one comprehensive written request for additional information, unless the applicant or midwife has agreed in writing to allow the Department to submit supplemental requests for information;

3 An applicant or midwife shall submit to the Department all of the information requested in a comprehensive written request for additional information or a supplemental request for information within the time specified in Table 1 1:

4 The substantive review time-frame and the overall time-frame are suspended from the date that the Department sends a comprehensive written request for additional information or a supplemental request for information until the date that the Department receives all of the information requested;

5 If the applicant or midwife does not submit the additional information within the time specified in Table 1 1 or the additional information submitted by the applicant or midwife does not demonstrate compliance with this Article and A R S Title 36, Chapter 6 Article 7 the Department shall provide to the applicant a written notice of denial that complies with A R S § 41-1092 03(A); and

6 If the applicant or midwife submits the additional information within the time specified in Table 1 1 and the additional information submitted by the applicant or midwife demonstrates compliance with this Article and A R S Title 36 Chapter 6 Article 7, the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife

Table 1.1. Time-frames (in calendar days)

Type of Approval	Statutory Authority	Overall Time-Frame	Administrative Completeness Review Time-Frame	Time to Respond to Notice of Deficiency	Substantive Review Time-Frame	Time to Respond to Comprehensive Written Request
Eligibility for Jurisprudence Test (R9-16-102)	A.R.S. §§ 36-753, 36-754, and 36-755	30	15	60	15	30
Midwifery License Renewal (R9-16-103)	A.R.S. § 36-754	30	15	30	15	15

R9-16-108. Responsibilities of a Midwife; Scope of Practice

A. A midwife shall provide services only to a client determined to be low risk.

B. Except as provided in R9-16-109(B),(C) or (D), a midwife who is certified by the North American Registry of Midwives as a Certified Professional Midwife may perform a vaginal delivery:

1. After prior cesarean section;
2. With multiple fetuses; or
3. Of a fetus in a breech presentation.

C. Before providing service to a client, a midwife shall:

1. Inform a client, both orally and in writing, of:
   a. The midwife's scope of practice, educational background, and credentials;
   b. If applicable to the client's condition, the midwife's experience with:
      i. Vaginal birth after prior cesarean section deliveries;
      ii. Multiple gestation deliveries; or
      iii. Delivery of a fetus in a breech presentation;
   c. Potential risks, adverse outcomes, and alternatives to an at-home delivery associated with the client's specific condition, described in subsection (C)(1)(b), including the need for emergency transport, surgical intervention, and neonatal or maternal complications, including death;
   d. The required tests and potential risks to a newborn and, if refused, the need for written documentation of client's refusal;
   e. The use of a physician for the provision of an emergency consultation or the use of a health care institution for the provision of emergency services;

f The midwife's facilitation of transfer of care to an emergency transport services a hospital, or a physician; and

g The midwife's notification to the client regarding termination of services if certain medical conditions arise or the client refuses intervention:

2 A midwife shall obtain a written informed consent for midwifery services in a format provided by the Department that includes:

a The midwife's:

i Name;

ii Telephone number;

iii License number; and

iv E-mail address, if applicable;

b The client's:

i Name;

ii Address;

iii Telephone number;

iv Date of birth; and

v E-mail address, if applicable;

c An attestation that the client was:

i Provided the information required in subsection (C)(1);

ii Informed of the emergency care plan as required in subsection (E); and

iii Given an opportunity to have questions answered, has an understanding of the information provided, and choses to continue with midwifery services; and

d The informed consent required in subsection (C)(2) is signed and dated by:

i The client; and

ii The midwife

D A midwife shall ensure that a copy of the informed consent for midwifery services required in subsection (C)(2) is provided to the:

1 Client, and

2 Department within 5 calendar days after Department request

E A midwife shall establish an emergency care plan for the client that includes:

1 The name, address and phone number of:

a The hospital closest to the birthing location; and

b An emergency transport service that provides service between the birthing location and the hospital identified in R9-16-108(E)(1)(a);

2 The hospital identified in subsection (E)(1)(a) is within 25 miles of the birthing location for a delivery identified in subsection R9-16-108(B).

3 The signature of the midwife and the date signed

Incorrect Rule, should be: R9-16-109

F A midwife shall implement the emergency care plan if:

1 Any of the conditions in R9-16-110 occur and are applicable to labor,

2 An emergency delivery is necessary for any of the conditions identified in R9-16-108(B), or

3 Any other condition exits that threatens the life of the client or client's fetus

G A midwife shall ensure the client receives a copy of the emergency care plan required in subsection (F)

Incorrect Date?

H Subsections (B) and (K)(3) are effective July 1, 2014.

I A midwife shall maintain all instruments used for delivery in an aseptic manner and other birthing equipment and supplies in clean and good condition

J A midwife shall assess a client's physical condition in order to establish the client's continuing eligibility to receive midwifery services

K A midwife shall provide initial services and services during the prenatal period as follows:

1 Schedule or arrange for the following tests during the first visit:, unless a written refusal is obtained

a Blood type, including ABO and Rh with antibody screen;

b Urinalysis;

c Hematocrit and hemoglobin or complete blood count initially and rechecked between 28 and 36 weeks of gestation;

d Syphilis, gonorrhea, HIV hepatitis, and chlamydia testing ~~unless a written refusal for chlamydia testing is obtained from the client; and~~ specified above

e Rubella titer;

2 ~~Conduct~~ schedule or arrange a prenatal visit at least once every 4 weeks until the beginning of 28 weeks gestation, once every 2 weeks from the beginning of 28 weeks until the end of 36 weeks gestation and once a week after 36 weeks of gestation that includes:

a The taking of weight urinalysis for protein, nitrites, glucose and ketones, blood pressure, and assessment of the lower extremities for swelling;

b Measurement of the fundal height and listening for fetal heart tones and, later in the pregnancy feeling the abdomen to determine the position of the fetus;

c Referral of a client as appropriate, for ultrasound or other studies recommended based upon examination or history;

d Document in the client record:

i Any time bleeding occurs or invasive uterine procedures are done; and

ii ~~Any drug taken by an unsensitized Rh negative client after the beginning of 28 weeks gestation~~; Any Drugs taken specific to the needs of an Rh negative client during the pregnancy

e Fetal movement counts by client beginning at 28 weeks

f ~~One hour~~ blood glucose screening ~~test~~ tests for diabetes, betw gestation;

Rho(D) immune globulin can be given after 12 wks for any bleeding or concern of potential bleeding.

3 If applicable, refer a client for:

a At least one ultrasound to determine placental locat previa and placenta ~~accrete~~ accreta for a vaginal birth after prior Cesarean section delivery;

b An early ultrasound to confirm amnionicity and chorionicity and a follow-up growth ultrasound for a pregnancy with multiple gestation; or

c A follow-up ultrasound at ~~35-36~~ 36-37 weeks gestation to confirm fetal presentation and estimated fetal weight for a breech ~~pregnancy~~ delivery;

ultrasound @ 35-36 wks is too early because 1/3 of all babies are still breech by 36 wks & then turn to vertex

4 Monitor fetal heart tones with fetoscope and document client's report of first quickening between 18 and 20 weeks gestation and conduct weekly visits until these signs have occurred. If these signs do not occur by the end of 22 weeks gestation, the midwife shall initiate a consultation;

5 Conduct a visit to the client's home before the end of 35 weeks gestation to ensure that the birthing environment is appropriate for birth and that a working telephone ~~or citizen~~'s ~~band radio~~ is available

I A midwife shall provide services during the intrapartum period as follows:

1 ~~Notification to the emergency room charge nurse of the hospital identified in subsection (I)(1)(a) when the client:~~

~~a. Begins labor; and~~

~~b. Ends labor~~;

strike

As has been discussed by the midwifery committee this is unnecesary & disruptive

2 The midwife shall determine if the c te course of action to be taken by:

a Assessing the interval, durat n of the contractions;

b. Determining the condition of the membranes, whether intact, ruptured, and the amount and color of fluid;

Strike

c. ~~Evaluating the presence of bloody show~~;

d Reviewing with the client the need for an adequate fluid intake, relaxation, activity, and emergency management; and

e. Deciding whether to go to client's home, remain in telephone contact, or arrange for transfer of care or consultation;

3 During labor, the midwife shall assess the condition of the client and fetus upon initial contact, every half hour in active labor until completely dilated, and every 15 to 20 minutes during pushing, ~~following rupture of the amniotic bag~~, or until the newborn is delivered Midwifery services shall include the following:

a. Checking of vital signs every 2 to 4 hours and an initial physical assessment of the client;

b Assessment of fetal heart tones every 30 minutes in active first stage labor, and every 15 minutes during second stage, ~~following rupture of the amniotic bag~~ or with any significant change in labor patterns;

Periodic

c Assessment of contractions, fetal presentation, dilation, effacement, and fetal position by vaginal examination;

d ~~Determination of the progress of active labor for primiparas by determining~~ if ~~dilation occurs at an average of 1 centimeter per hour until completely dilated~~, ~~and a second stage not to exceed 2 hours~~;

Not evidence based nor standard of care →

Friedman Curve

e. ~~Determination of a normal progress of active labor for multigravidas by determining if dilation occurs at an average of 1.5 to 2 centimeters per hour until completely dilated, and a second stage not to exceed 1 hour~~;

f Maintenance of proper fluid balance for the client throughout labor as determined by urinary output and ~~monitoring urine for presence of ketones, at least every 2 hours; and~~

g. Assisting in support and comfort measures to the client and family;

4 After delivery of the newborn, midwifery services shall include the following:

a. Assessment of the newborn at 1 minute and 5 minutes to determine the Apgar scores;

b Physical assessment of the newborn for any abnormalities;

c. Inspection of the client's perineum for lacerations; and

d Delivery of the placenta within ~~10 minutes~~ 1 hour during which time the midwife shall assess for signs of separation frank or occult bleeding. Examine for intactness, and determine the number of umbilical cord vessels ~~; and~~ after the delivery of the placen

5 The responsibility of the midwife shall include recognition of and response to any situation requiring immediate intervention

M A midwife shall provide the following services during the postpartum period:

1 During the 2 hours after delivery of the placenta care of the client shall include:

a Taking of vital signs of the client and external massage of the uterus and evaluation of bleeding every 15 to 20 minutes for the first hour and every half hour for the second hour;

b Assisting the client to urinate within 2 hours following the birth;

c Evaluating the perineum for tears. ~~bleeding, or blood clots~~;

d Assisting with maternal and infant bonding;

e Assisting with initial breast feeding, instructing the client in the care of the breast. ~~and reviewing potential danger signs, if appropriate~~;

f Providing instruction to the family about adequate fluid and nutritional intake, rest and the types of exercise allowed normal and abnormal bleeding, bladder and bowel function, appropriate baby care, signs and symptoms of postpartum depression, and any danger signals with appropriate emergency phone numbers;

g Document any drugs taken by the client in the client's record to an unsensitized Rh-negative client who delivers an Rh-positive newborn;

needs to be moved to #4

2 During the immediate postpartum period of 2 hours after delivery of the placenta care of the newborn shall include:

Not standard of care, current protocol is to administer w/in 72 hours. If mandated, keep

a Perform a newborn physical exam to determine the newborn's gestational age and any abnormalities;

b Apply erythromycin optic ointment or other preparation to each of the newborn's eyes in accordance with A A C R9-6-332; ~~and~~ unless written refusal is obtained; and

c Document the administration of any vitamins to the newborn in the newborn's record;

3 Any abnormal or emergency situation shall be evaluated and consultation or intervention sought in accordance with these rules;

4 The condition of the client and newborn shall be re-evaluated between 24 and 72 hours of delivery to determine whether the recovery is following a normal course and shall include:

a Assessment of baseline indicators such as the client's vital signs, bowel and bladder function, bleeding, breasts, feeding of the newborn, sleep/rest cycle activity, with any recommendations for change;

b Assessment of baseline indicators of well-being in the newborn such as vital signs, weight, cry, suck and feeding, fontanel, sleeping, bowel and bladder function with documentation of meconium, and any recommendations for changes made to the family;

c Submission of blood obtained from a heel stick to the newborn to the state laboratory for screening according to A.R.S. § 36-694(B) and 9 A.A.C. 13, Article 2, unless a written refusal is obtained from the client and documented in the client's record and the newborn's record; and

d Recommendation to the client to secure medical follow-up for her newborn.

N A midwife shall file a birth certificate with the local registrar within seven calendar days after the birth of the newborn.

D & C's, colposcopies, laproscopic exploratory surgery - frequently performed & non-invasive

R9-16-109. Prohibited Practice; Transfer of Care

A A midwife shall not accept for midwifery services a client who has or [illegible] client that develops any of the following:

strike or move to consult

1 ~~A previous uterine surgery, except as provided in R9-16-108(B)(1)~~

2 A history of severe postpartum bleeding of unknown cause which [illegible] transfusion;

3 Deep vein thrombophlebitis or pulmonary embolism;

uncontroled

4 Insulin-dependent diabetes, hypertension, heart disease, kidney disease, blood disease, Rh disease with positive titers, active tuberculosis, or active syphilis;

move to consult

5 Active hepatitis or active gonorrhea until treated and recovered, following which midwifery services may resume;

move to consultation + add to A. 8. →

An unsafe location for delivery;

A blood pressure of 140/90 or an increase of 30mm Hg systolic or 15mm Hg diastolic over client's lowest baseline blood pressure for two consecutive readings taken at least six hours apart;

move consult!

8 A persistent hemoglobin level below 10g or a hematocrit below 30 during the third trimester;

9 Primary genital herpes simplex infection in the first trimester or active genital herpes at the onset of labor; unless written refusal is obtained.

10 A pelvis that will not safely allow a baby to pass through during labor;

11 A severe psychiatric illness evident during assessment of client's preparation for birth or a history of severe psychiatric illness in the six-month period prior to pregnancy;

12 An addiction to alcohol, narcotics, or other drugs;

13 Prematurity or labor beginning before the beginning of 36 weeks gestation;

move to consult

14. Gestational age greater than 34 weeks with no prior prenatal care;

move to consult!

15. A gestation beyond 42 weeks;

16 Presence of ruptured membranes without onset of labor within ~~24~~ 24-36 hours;

17 Abnormal fetal heart rate ~~of~~ if below 120 beats per minute or above 160 beats per minute;

r unless written efusal is obtained)

18 Presence of thick meconium, blood-stained amniotic fluid, ~~or abnormal fetal heart tones~~;

19 An uncontrolled A postpartum hemorrhage of greater than 500 ml ~~cubic centimeters in the current pregnanc~~e);

20 A nonbleeding placenta retained more than ~~40~~ 60 minutes; and

21 Expressed wishes of the client

B A midwife shall not perform a vaginal delivery after prior Cesarean section for a client who:

1 Has a fetus with fetal anomalies, confirmed by an ultrasound;

2 Had more than one previous Cesarean section;

3 Had a previous Cesarean section with a classical or vertical uterine incision;

4 Had a previous Cesarean section within 18 months prior to expected delivery;

~~5. Had a previous Cesarean section for any of the following indications:~~

STRIKE

~~a. Failure to dilate;~~ or

~~b. Cephalopelvic insufficiency~~;

6 Had complications during a previous vaginal delivery after a Cesarean section;

7 Had a Cesarean section with complications, including uterine infection;

STRIKE

~~8. Had a previous delivery with multiple fetuses;~~ or

~~9. Had a previous delivery of a fetus in a breech presentation~~

C A midwife shall not perform a vaginal delivery with multiple fetuses for a client who:

Evidence proves that twins mature faster & are often born @ 36 wks

Has more than 2 fetuses;

Has twins who are less than ~~37~~ 36 weeks gestation or more than 41 weeks gestation;

~~Has either twin not presenting in a vertex position~~;

Midwives have the ability, under draft rule, to delivery breech

Has either twin experiencing atypical growth;

Has either twin experiencing fetal anomalies, confirmed by an ultras

Had a previous Cesarean section or other demonstration of an inadec

7 Had a vaginal delivery after prior Cesarean section; or

~~8. Had a previous delivery of a fetus in a breech presentation~~

D A midwife shall not perform a vaginal delivery of a fetus in a breech presentation for a client who:

1. ~~Has more than one fetus~~; Strike

2 Has a fetus with an estimated fetal weight less than 2500 grams or more than 3800 grams;

3 ~~Has a fetus in a footling or~~ Incomplete breech position;

4 Has a fetus experiencing fetal anomalies, confirmed by an ultrasound;

5 Had a previous unsuccessful vaginal delivery or other demonstration of an inadequate maternal pelvis;

6 Had a vaginal delivery after prior Cesarean section; or

7. ~~Had a previous delivery with multiple gestation~~ Strike

E A midwife shall not perform any operative procedures except as provided in R9-16-111

F A midwife shall not use any artificial, forcible, or mechanical means to assist birth, nor shall the midwife attempt to correct fetal presentations by external or internal movement of the fetus

G A midwife shall not continue and shall transfer care of a newborn in which any of the following conditions are present:

1 Birth weight less than 2000 grams;

2 Pale, blue or gray color after 10 minutes;

3 Excessive edema;

4 Major congenital anomalies; or

5 Respiratory distress

H The midwife shall document the conditions in R9-16-109(G) in the client record, if applicable

See definition change for "Consultation"

R9-16-110. Required Consultation

A A midwife shall obtain a consultation to receive a ~~written~~ recommendation ~~from a physician~~ for treatment, referral, or transfer of care at the time a client is determined to have any of the following during the current pregnancy:

1 Testing positive for HIV, syphilis, gonorrhea, or hepatitis;

2 History of seizure disorder;

3 History of stillbirth, premature labor, or parity greater than 5;

4 Age is younger than 16 years of age or a primigravida older than 40 years of age;

5 Failure to auscultate fetal heart tones by the beginning of 22 weeks gestation;

6 Refusal of Rh blood work or treatment;

7 Failure to gain 12 pounds by the beginning of 30 weeks gestation or gaining more than 8 pounds in any two-week period during pregnancy;

8 Severe, persistent headaches, with visual disturbances, stomach pains, or swelling of the face and hands; add: a blood pressure 140/90 - see page 18

9 Greater than 1+ sugar, ketones, or protein in the urine on two consecutive visits;

10 Excessive vomiting or continued vomiting after the end of 20 weeks gestation;

11 Symptoms of decreased fetal movement;

12 A fever of at least or greater than 100.4° F or 38° C twice at 24 hours apart;

13 Effacement or dilation of the cervix, greater than a fingertip, accompanied by contractions, prior to the beginning of 36 weeks gestation;

14 Measurements for fetal growth that are not within 2 centimeters of the gestational age;

15 Second degree or greater lacerations of the birth canal;

16 An abnormal progression of labor;

~~17. An unengaged head at 7 centimeters dilation in active labor~~;

~~18. An abnormal presentation after 36 weeks gestation~~;

19 Failure of the uterus to return to normal size in the current postpartum period; or

20 Persistent shortness of breath requiring more than 24 which is difficult or painful See definition change for "consultation"

B A midwife shall obtain a consultation to receive a ~~written~~ recommendation ~~from a physician~~ for treatment, referral, or transfer of care at the time any newborn demonstrates any of the following conditions:

1 Weight less than 2500 grams or 5 pounds, 8 ounces;

2 Congenital anomalies;

3 An Apgar score less than 7 at 5 minutes;

4 Persistent breathing at a rate of more than 60 breaths per minute;

5 An irregular heartbeat;

6 Persistent poor muscle tone;

7 Less than 36 weeks gestation or greater than 42 weeks gestation by gestational exam;

8 Yellowish-colored skin within 48 hours;

9 Abnormal crying;

10 Meconium staining of the skin;

11 Lethargy, irritability, or poor feeding;

12 Excessively pink coloring over the entire body;

13 Failure to urinate or pass meconium in the first 24 hours of life;

14 A hip examination which results in a clicking or incorrect angle;

15 Skin rashes not commonly seen in the newborn; or

16 Temperature persistently above 99.0° or below 97.6° F

C The midwife shall:

1 Inform the client of the consultation required in subsections (A) or (B), and

~~2. Provide to the client a copy of the written recommendation required in subsections (A)~~ or (B)

D The midwife shall document the consultation ~~and place the written recommendation required~~ in ~~subsections (A) or (B)~~ in the client's record or newborn record

R9-16-111 Emergency Measures

A A midwife shall ~~before the arrival of emergency medical personnel~~, perform the following procedures only in an emergency situation in which the health and safety of the client or newborn are determined to be at: risk:

1 Cardiopulmonary resuscitation of the client or newborn with a bag and mask;

2 Administration of oxygen at no more than 8 liters per minute via mask for the client and 5 liters per minute for the newborn via neonatal mask;

3 Midline episiotomy to expedite the delivery during fetal distress;

4 Suturing of episiotomy or tearing of the perineum to stop active bleeding following administration of local anesthetic ~~contingent upon consultation or standing orders of physician~~;

5 Release of shoulder dystocia by rotating the shoulders into one of the oblique diameters of the pelvis; and

6 Manual exploration of the uterus for control of severe bleeding

B A midwife shall document any drugs taken by a client for the control of postpartum hemorrhage in the client's record

R9-16-112 Midwife Report

A A midwife shall complete a midwife report for each client in a format provided by the Department that includes the following:

1 The midwife's:

a First name;

b Last name; and

c License number;

2 The client's:

a First name;

b Last name;

c Date of birth;

d Client number;

e Date of last menstrual period;

f Estimated date of delivery;

g Gravida (number);

h Para (number);

i Existence of a high-risk condition; and

j Description of the high-risk condition; if applicable;

3 A description of the maternal outcome;

4 If applicable, the newborn's:

a Date of birth;

b Gender;

c Weight;

d Length;

e Head circumference;

f Designation of average, small or large for gestational age;

g Apgar score at 1 minute;

h Apgar score at 5 minutes;

i Existence of complications;

j Description of complications; if applicable;

k Birth certificate filing date; and

l Birth certificate number;

5 Whether the client required transfer of care and, if applicable,

a Method of transport;

b Destination type;

c Name of destination;

d Time arrived at destination;

e Confirmation the emergency care plan was utilized; and

f Medical reason for transfer of care;

6 The date midwife services were terminated;

7 Reason for the termination of midwife services;

8 If termination of midwife services was due to a medical condition, specify; and

9 Whether information was provided on newborn screening

10 Whether newborn screening tests were ordered as indicated in A R S § 36-694.

B The midwife report shall be submitted to the Department within 30 calendar days following the termination of midwifery services

R9-16-113 Client and Newborn Records

A A midwife shall ensure that a record is established and maintained according to A R S §§ 12-2291 and 12-2297 for each:

1 Client, and

2 Newborn delivered by the midwife from a client

B A midwife shall ensure that a record for each client includes the following:

1 The client's full name, date of birth, and address;

2 Names, addresses, telephone numbers of the client's spouse or other individuals; designated by the client to be contacted in an emergency;

3 Written informed consent for midwifery services signed by the client, as required in R9-16-108(C)(2);

4 A copy of the emergency care plan, as required in R9-16-108(E);

5 The date the midwife began providing midwifery services to the client;

6 The date the client is expected to deliver the newborn;

7 The date the newborn was delivered, if applicable;

8 An initial assessment of the client to:

a Rule out that the client has a history of a condition or circumstance that would preclude care of the client by the midwife, as required in R9-16-109;

b Determine the:

i Number and outcome of previous pregnancies; and

ii Number of previous medical or midwife visits the client has had during the current pregnancy;

9 Progress noted documenting the midwifery services provided to the client;

10 Laboratory and diagnostic reports;

11 Consultations made about the client and the reason for each consultation;

~~12. Written reports received from consultations as required in R9-16-110(D);~~

13 A description of any conditions or circumstances arising during the pregnancy that required the transfer of care;

14 The name of the physician or hospital to which the care of the client was transferred, if applicable;

15 Documentation of medications taken by the client;

16 The outcome of the pregnancy;

17 The date the midwife stopped providing midwifery services to the client;

18. Instructions provided to the client before the midwife stopped providing midwifery services to the client; and

19 A copy of the midwife report required in R9-16-112

C A midwife shall ensure that a record for each newborn includes the following:

1 The full name, date of birth, and address of the newborn's mother;

2 The newborn's:

a Date of birth;

b Gender;

c Weight at birth;

d Length at birth; and

e Apgar scores at one minute and five minutes after birth;

3 The newborn's estimated gestational age at birth;

4 Progress noted documenting the midwifery services provided to the newborn;

5 Laboratory and diagnostic reports;

6 Consultations made about the newborn and the reason for each consultation;

7 Written reports received from consultations as required in R9-16-110(D);

8 A description of any conditions or circumstances arising during or after the newborn's birth that required the transfer of care;

9 The name of the physician or hospital to which the care of the newborn was transferred, if applicable;

10 Documentation of medications taken by the newborn;

11 Documentation of newborn screening, including when blood was submitted and results received as required in R9-16-108(M)(4)(c);

12 The date the midwife stopped providing midwifery services to the newborn; and

13 Instructions provided to the client about the newborn before the midwife stopped providing midwifery services to the newborn

R9-16-114. Denial, Suspension, or Revocation of License; Civil Penalties; Procedures

In addition to the grounds specified in A.R.S. §§ 36-756 and 13-904(E), the Department may deny, suspend, or revoke a license permanently or for a definite period of time and may assess a civil penalty of $50 for the first offense and $100 for each subsequent offense, for any of the following causes:

1. Practicing under a false name or alias so as to interfere with or obstruct the investigative or regulatory process.
2. Practicing under the influence of drugs or alcohol
3. Falsification of records.
4. Obtaining any fee for midwifery services by fraud or misrepresentation.
5. Permitting another to use the midwife's license, or
6. Knowingly provides false information to the Department

R9-16-115 Midwifery Advisory Committee

A. The director of the Department shall establish a midwifery advisory committee to:
   1. Examine aggregate data from the midwife reports required in R9-16-112
   2. Examine evidence-based research pertaining to the practice of midwifery, and
   3. Recommend to the director changes in the regulatory rules pertaining to midwifery

B. The midwifery advisory committee shall at minimum, convene annually

C. The midwifery advisory committee shall be chaired by the director of the Department

D. The director of the Department shall select the following midwifery advisory committee members:
   1. Two midwives who are licensed according to Title 36, Chapter 6, Article 7 of the Arizona Revised Statutes;
   2. Two public members who have used or who have significant experience with midwife services;
   3. One physician who is licensed according to Title 32, Chapter 13, of the Arizona Revised Statutes or one physician who is licensed according to Title 32, Chapter 17, of the Arizona Revised Statutes and who has experience in obstetrics; and
   4. One nurse midwife who is licensed and certified according to Title 32, Chapter 15 of the Arizona Revised Statutes

E. Midwifery advisory committee members:
   1. Serve at the discretion of the director of the Department,
   2. May serve for three one-year terms, and
   3. Are not eligible for compensation or reimbursement of expenses